

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000105571

1. Entity Name
DANELLA NATIONAL, INC.



Principal Place of Business
790 NE 48TH STREET
POMPANO BEACH, FL 33064

Mailing Address
790 NE 48TH STREET
POMPANO BEACH, FL 33064

2. Principal Place of Business

1001 W. CYPRUS CREEK RD
Suite, Apt. #, etc.

SUITE 300

City & State
FT. LAUDERDALE, FL

Zip Country
33309 BROWARD

3. Mailing Address

2290 BUTLER PIKE
Suite, Apt. #, etc.

City & State
PLYMOUTH MEETING, PA

Zip Country
19462 MONTGOMERY

10022006 REIN-P CR2E098 (11/05)



4. FEI Number
20-1438499

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature used or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DANELLA, JAMES D	
STREET ADDRESS	2290 BUTLER PIKE	
CITY- ST- ZIP	PLYMOUTH MEETING, PA 19462	
TITLE	V/AS	<input type="checkbox"/> Delete
NAME	RITTER, RONALD	
STREET ADDRESS	2290 BUTLER PIKE	
CITY- ST- ZIP	PLYMOUTH MEETING, PA 19462	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DALY, DENNIS	
STREET ADDRESS	2290 BUTLER PIKE	
CITY- ST- ZIP	PLYMOUTH MEETING, PA 19462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis P. Daly DENNIS P. DALY / SECRETARY 10/2/06 610-828-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT
[Handwritten signature and initials]

FILED
06 OCT -3 PM 5:21
CLERK OF THE STATE
TALLAHASSEE, FLORIDA