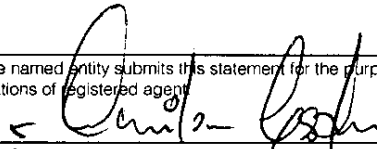
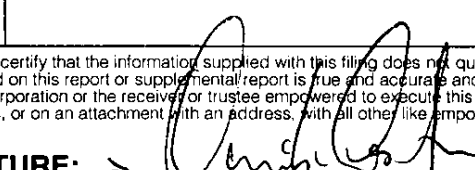


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000135417 1. Entity Name DANICOM, INC.						06 OCT 12 AM 10:10	
Principal Place of Business 3340 NW 11TH PLACE, UNIT 104 MIAMI, FL 33127				Mailing Address 3340 NW 11TH PLACE, UNIT 104 MIAMI, FL 33127			
2. Principal Place of Business 3420 NW 11 PL		3. Mailing Address 3420 NW 11 PL		 REINSTATEMENT			
Suite, Apt. #, etc. UNIT 301		Suite, Apt. #, etc. UNIT 301		4. FEI Number 20-1677562		Applied For ☐ Not Applicable	
City & State Miami, FL		City & State Miami, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CASTRO, DANILSA A 3340 NW 11TH PLACE, UNIT 104 MIAMI, FL 33127	
Zip 33127		Country USA		Zip 33127		Country USA	
6. Name and Address of Current Registered Agent CASTRO, DANILSA A 3340 NW 11TH PLACE, UNIT 104 MIAMI, FL 33127				7. Name and Address of New Registered Agent Name CASTRO, DANILSA A Street Address (P.O. Box Number is Not Acceptable) 3420 NW 11 PLACE UNIT 301 City Miami FL 33127			
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 10/07/2006 Signature, typed or printed name of registered agent and title 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD ☐ Delete NAME CASTRO, DANILSA A STREET ADDRESS 3420 NW 11PL UNIT 301 CITY-ST-ZIP MIAMI, FL 33127				TITLE CASTRO, DANILSA A ☐ Change ☐ Addition NAME CASTRO, DANILSA A STREET ADDRESS 3420 NW 11 PL UNIT 301 CITY-ST-ZIP MIAMI, FL 33127			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE 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: 				Date 10/07/2006 Daytime Phone #			