

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 SEP 24 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000081278

1. Corporation Name

Disaster, Inc.

REINSTATEMENT

CR2E081 (12/07)

07-08^{KS}

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2051 S.E. 3 Street		P.O. Box 824	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#501			
City & State		City & State	
Deerfield Beach, FL		Clifton Park, NY	
Zip	Country	Zip	Country
33443	US	12065	US

4. Date Incorporated or Qualified To Do Business in Florida		06/03/2005
5. FEI Number	Applied For	
320151601	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent		
Name		
Beighley, Myrick & Udell, P.A.		
Street Address (P.O. Box Number is Not Acceptable)		
1255 W. Atlantic Blvd.		
Suite, Apt. #, Etc.		
Suite 314		
City	State	Zip Code
Pompano Beach	FL	33069

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

9/22/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Vincent J. Laurenzo, Sr.	P.O. Box 252	Clifton Park, NY 12065

208136465162
09/30/08--01009--013 **308.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/08

Date

Daytime Phone #