

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAR 20 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # P05000104097																															
1. Corporation Name Dan and Nora Inc.																															
2. Principal Office Address - No P.O. Box # 301 South Highland Ave		3. Mailing Office Address 301 South Highland Ave																													
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A																													
City & State Tarpon Springs FLA		City & State Tarpon Springs FLA																													
Zip 34689	Country U.S.A.	Zip 34689																													
7. Name and Address of Current Registered Agent Name Nora J. McCabe Street Address (P.O. Box Number is Not Acceptable) 301 South Highland Ave Suite, Apt. #, Etc N/A City Tarpon Springs																															
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 nora j. McCabe		Date 03-17-09																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																															
<table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Nora J. McCabe</td> <td>301 South Highland Ave</td> <td>Tarpon Springs FL 34689</td> </tr> <tr> <td>V.P.</td> <td>Daniel R. McCabe</td> <td>301 South Highland Ave</td> <td>Tarpon Springs FL 34689</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres.	Nora J. McCabe	301 South Highland Ave	Tarpon Springs FL 34689	V.P.	Daniel R. McCabe	301 South Highland Ave	Tarpon Springs FL 34689																
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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: <i>nora j. McCabe</i>		Date 03-17-09																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 727-938-3688																													

REINSTATEMENT 07-09
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
550 900 675

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

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.

REGISTERED AGENT MUST SIGN

Date 03-17-09

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03/20/09-01040--013 ***1059.00

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