

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000130533

1. Corporation Name

DANA'S CHARTER SERVICE, INC.

2. Principal Office Address - No P.O. Box #

7867 Timberlin Park Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

US

3. Mailing Office Address

7867 Timberlin Park Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

US

7. Name and Address of Current Registered Agent

Name

F&L Corp.

Street Address (P.O. Box Number is Not Acceptable)

One Independent Drive, Suite 1300

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32202

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.

F&L CORP

Signature of

Registered Agent

By: *Charles V. Hedrick*

Charles Hedrick, Authorized Signatory

Date April 16, 2008

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	Snyder, James W.	7867 Timberlin Park Blvd.	Jacksonville, FL 32256
	<i>[Signature]</i>		

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]*

James W. Snyder, Director

4/16/08

904-744-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 MAY -1 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-08

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