

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 AUG -5 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000153338

1. Corporation Name

Dantay, Inc.

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

34 E. Lake Dr.

Suite, Apt. #, etc.

City & State

Palm Coast, FL.

Zip 32137 Country Flagler

3. Mailing Office Address

226 Palm Coast Pkwy NE

Suite, Apt. #, etc.

City & State

Palm Coast, FL.

Zip 32137 Country Flagler

REINSTATEMENT 06-08

4. Date Incorporated or Qualified To Do Business in Florida

12/05

5. FEI Number

84-1696224

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Susan Linton

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

34 East Lake Dr.

Suite, Apt. #, Etc.

City Palm Coast

State FL

Zip Code 32137

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

Susan Linton

REGISTERED AGENT MUST SIGN

Date 7/31/08

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
Pres.	<u>Susan Linton</u>	<u>34 E. Lake Dr.</u>	<u>Palm Coast, FL 32137</u>
Treas/Secy	<u>Cartelo Linton</u>	<u>34 E. Lake Dr</u>	<u>Palm Coast, FL 32137.</u>

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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:

Susan Linton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/08 (384) 445-3706

Date

Daytime Phone #