2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

'07 DEC -3 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RB 12-5-07

REINSTATEMENT 07

DOCUMENT # P06000108137

1. Entity Name
DANIA SURF INC.

Principal Place of Business	Mailing Address
138 NORTH FEDERAL HWY DANIA BEACH, FL 33004	435 SOUTH FEDERAL HWY POMPANO BEACH, FL 33062
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKINNER, JOHN R
2260 NE 38TH STREET
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 X [signature]

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00

After January 1, 2008, Fee will be $500.00

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	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SKINNER, JOHN R		NAME	500112791685
STREET ADDRESS	2260 NE 38TH ST		STREET ADDRESS	12/03/07--01078--007 **150.00
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #