

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08098

1. Corporation Name

DANZAS CORPORATION

Principal Place of Business

3650 131ST AVE., S.E.
SUITE 700
BELLEVUE WA 98006
US

Mailing Address

120 TOKENEKE RD.
DARIEN CT 06820
US



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REINSTATEMENT **B** **01**

If above addresses are incorrect in any way, line through incorrect information and enter correct below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

120 TOKENEKE ROAD

City & State

City & State

DARIEN CONNECTICUT

Zip 06820

Country USA

Zip

Country

5. FEI Number

13-4919031

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ST	REISACHER, WERNER	3650 131ST AVE., SE, STE 700	BELLEVUE WA
P.D	TOGGWEILER, HANS	3650 131ST AVE., SE, STE 700 120 TOKENEKE ROAD	BELLEVUE WA 98006 DARIEN, CT 06820
V	BRIAN LINDHOLM	120 TOKENEKE ROAD	DARIEN, CT 06820
T.D	MARTIN McDONNELL	120 TOKENEKE ROAD	DARIEN, CT 06820
S	RICHARD ALTMAN	120 TOKENEKE ROAD	DARIEN, CT 06820

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

100004740271--3

-12/26/01--01109--018

****750.00 ****750.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Barbara A. Burke
BARBARA A. BURKE
SPECIAL ASSISTANT, SECRETARY
REGISTERED AGENT MUST SIGN

Date 12/10/01

11. 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 under section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD ALTMAN 11/21/01 203-662-4861