PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION FLORI	DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	THE THE
DOCUMENT # P 1000034792 1. Corporation Name		DEC 30 PA
Daniel A. Valdivia, MBA, P.A.		STEP STEP STEP STEP STEP STEP STEP STEP
2. Principal Office Address - No P.O. Box # 3. Mail 18185 SW 29Th ST. 181	ng Office Address 85 SW 29Th ST.	gnoros (11/10)
Suite, Apt. #, etc. Suite, A	ot. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
city & State Miramar, FL Mil	amar, FL	5. FEI Number Applied For Not Applied For
33029 USA 33	029 USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status
7. Name and Address of Current F	tegistered Agent	
Name Daniel A. VAlDiviA]
Street Address (P.O. Box Number is Not Acceptable)	57.	
Suite, Apt. #, Etc.		800215678318 12/30/1101023006 **758.75
city Miramar	State Zip Code 53025	12/30/1101023006 **758.75
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 Pate Pate Pate Pate Pate Pate Pate Pat		
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	
P. Daniel A. VAlDivi	A 18185 SW 29Th 50	r. Urramar, FL 33029
DEINICTATE		
REINSTATEMENT		
2011		
10. E-mail Address: Meethe @ Dansopen House . Com (To be used for future annual report notification)		
1. 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., and that all fees owed by the corporation have been gaid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
SIGNATURE: Dayline Phone of Signing Officer or Director Date Dayline Phone of Dayline Phone Phone Phone Dayline Phone		

