PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
01 JUL 12 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042675

1. Corporation Name

DALENGER ENTERPRISES, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 29259 US 19 NORTH | C/O BRUCE M. SZABO PA |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | 611 DRUID RD E. #717 |
| City & State | City & State |
| CLEARWATER, FLORIDA | CLEARWATER, FLORIDA |
| Zip / Country | Zip / Country |
| 33761 / PINELLAS | 33756 / PINELLAS |

REINSTATEMENT 95-01

4. Date Incorporated or Qualified To Do Business in Florida 06/11/1993

5. FEI Number 59-3188639 ☐ 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: KEVIN FREEL

Street Address (P.O. Box Number is Not Acceptable): C/O BRUCE M. SZABO P.A.

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-07/24/01--01092--003
***1650.00 ***1650.00

Suite, Apt. #, Etc.: 611 DRUID ROAD EAST, #717

City: CLEARWATER | State: FL | Zip Code: 33756

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: Kevin Freel — Date: 04/25/2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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 |
|---|---|---|---|
| P | KEVIN FREEL | 29259 US 19 NORTH | CLEARWATER, FL 33761 |
| | | | |
| | | | LS |
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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 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: Kevin Freel — 04/25/01 — 727-410-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #