

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 APR -6 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **193000057458**

1. Corporation Name **DHANI'S EAGLE PROSTHETICS  
INC.**

2. Principal Office Address **29756-70th  
ST. N. SUITE 3, CLEARWATER  
FLORIDA 33761 USA.**

3. Mailing Office Address **Same as  
#2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

400016322784  
04/18/03--01041--020 \*\*350.00

4. Date Incorporated or Qualified  
To Do Business in Florida **08/09/1993.**

5. FEI Number **65-4020427903**  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$875 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name **JOEL B. DHANI (PRESIDENT)**

Street Address (P.O. Box Number is Not Acceptable)  
**29756-70th ST. N. SUITE 3.**

Suite, Apt. #, Etc.

**Clearwater**

City

State  
**FL**

Zip Code  
**33761-1071**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **04.04.03.**

**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
<b>PRESIDENT</b>	<b>JOEL B. DHANI.</b>	<b>29756-70th ST. N. #3 Clearwater FL 33761</b>	<b>Clearwater FL-33761</b>

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:

*[Signature]* **JOEL B. DHANI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04.04.03.**  
Date

**727-787-9826**  
**727 215-6105** *Cham.*  
Daytime Phone #

CR2E081 (10/02)

Letter of Explanation: 04.04.03.

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Joel B. Dhani,  
29756 - 70th St. N. Suite 3,  
Clearwater, Florida, USA.  
33761 - 1071

April 4th. 03.

Ms Marquitta Williams (Document Specialist),  
As per our Conversation on March 27.03, I need to  
offer an explanation to your Department and You.  
My Wife Margaret Lynn Dhani and myself  
have been separated for about 14 months. Lynn  
Took care of the Accounts payables & receivables  
while I took care of the actual Dentistry —  
productions, Insertions, Core planings and  
the other PR responsibilities. After explaining  
this I thought that Lynn had paid for  
the renewal of Cooperation <sup>FOR</sup> of Dani's Eagle  
Prosthetics for last year. Lynn did not receive the form

M. Lynn Dhani is no longer associated  
with the Business "by her Choice"

Again, I am ever so sorry that this  
happened. So please remove Margaret Lynn Dhani from Corp.

Enclose is a Check for the fee quoted  
And an extra \$50.00. please return whatever  
extra so I can start to repay this loan  
from My Sister - John Johnson

Thank You ever so much  
Ms Marquitta

God Bless

Joel B. Dhani