

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 21 AM 9:13

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P94000025670

1. Corporation Name

BARBARA F. DANAHY, INC.

2. Principal Office Address
~~700 HAWAIIAN DRIVE~~ 6699 SAN CASA

Suite, Apt. #, etc.

R4

3. Mailing Office Address
6699 SAN CASA DR., R4

Suite, Apt. #, etc.

City & State

Englewood

City & State

Englewood, FL

Zip

FL

Country

USA

Zip

34224

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-4-94

5. FEI Number

65-0479930

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

BARBARA F. DANAHY

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

6699 SAN CASA DR., R4

Suite, Apt. #, Etc.

City

Englewood

State

FL

Zip Code

34224

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

BARBARA F. DANAHY
REGISTERED AGENT MUST SIGN

Date

3/19/02

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
Pres	BARBARA F. DANAHY	6699 SAN CASA DR., R4 Englewood, FL 34224	
V. Pres	BARBARA F. DANAHY	SAME	
Sec.	BARBARA F. DANAHY	SAME	
Treas	BARBARA F. DANAHY	SAME	

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)(f), 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:

BARBARA F. DANAHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/02 941-473-2023

Daytime Phone #

CR2E001 (8/01)