


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**CORPORATION REINSTATEMENT**



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

REINSTATEMENT 00-02

DOCUMENT # P94000025670

1. Corporation Name  
**BARBARA F. DANAHY, INC.**

2. Principal Office Address <del>700 W. WINDY HILL DR</del> <b>6699 SAN CASA</b>		3. Mailing Office Address <b>6699 SAN CASA DR., R4</b>	
Suite, Apt. #, etc. <b>R4</b>		Suite, Apt. #, etc.	
City & State <b>Englewood</b>		City & State <b>Englewood, FL</b>	
Zip <b>FL</b>	Country <b>USA</b>	Zip <b>34224</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida **4-4-94**

5. FEI Number **65-0479930**

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**

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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** Date **3/19/02**

REGISTERED AGENT MUST SIGN

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** Date **3/19/02** Daytime Phone # **941-473-2023**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (8/01)