

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000032447

1. Corporation Name

DAHAT INDUSTRIES (FLORIDA), INC.

Principal Place of Business

1588 US #1
VERO BEACH FL 32960
US

Mailing Address

316 OAK HILL RD
C/O JOEL W. SMITH
BARRINGTON IL 60010
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1994

5. FEI Number

65-0485919

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	MANNIX, JAMES J	109 FRESH POND PARKWAY	CAMBRIDGE MA 02138
ASAT	SMITH, JOEL W CPA	316 OAK HILL RD	BARRINGTON IL 60010

100004777281--8
-01/16/02--01025--009
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

MOORE, JOHN E III
5070 N. A-1-A, SUITE 200
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name

T. TODD PITTENGER

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

215 NORTH EOLA DRIVE
Suite, Apt. #, Etc.

ORLANDO
City

FLORIDA 32801
State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

T. TODD PITTENGER

REGISTERED AGENT MUST SIGN

Date

12/27/01

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/26/01

847-381-8913