

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000094237**

1. Corporation Name
DANKEN, INC.

Principal Place of Business 9235 ROE STREET PENSACOLA FL 32514	Mailing Address 9235 ROE STREET PENSACOLA FL 32514
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FILED
97 JAN -2 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96 mwb 1-20-97

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	01/01/1995
5. FEI Number	59-3295951
6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	BILL VAN GEMERDEN	8826 BURNINGTREE ROAD	PENSACOLA, FL 32514
VP.	KEN VAN GEMERDEN	4409 CITADEL	PENSACOLA, FL 32514
TREASURER	DAN VAN GEMERDEN	3188 BIRDSEYE CIRCLE	GULF BREEZE, FL 32561

8. Name and Address of Current Registered Agent

GEMERDEN, BILL V
9235 ROE STREET
PENSACOLA FL 32514

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City 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 BILL VAN GEMERDEN Date 12-30-1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: KEN VAN GEMERDEN, TREASURER 12-30-1996 (904)484-3225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (7/96)