

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	FILED 96 DEC 19 AM 10:01
DOCUMENT # <b>P95000006727</b>		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <b>DANA M CHARTERS, INC.</b>			
Principal Place of Business 10706 NE 9TH AVENUE BISCAYNE PARK FL 33161		Mailing Address 10706 NE 9TH AVENUE BISCAYNE PARK FL 33161	
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 <b>01/25/1995</b>			
5. FEI Number <b>65-0550843</b>		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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)			
Title(s) <b>D, P</b>	Name of Officers and/or Directors <b>COLLADA, ROBERT</b>	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) <b>10706 NE 9TH AVENUE</b>	City / State / Zip <b>BISCAYNE PARK FL 33161</b>
S, D	<b>COLLADA, SYLVIA</b>	<b>10706 NE 9 AVENUE</b>	<b>Biscayne Park, FL 33161</b>
			<b>700002037107-9</b>
			12/24/96-01103-019
			****375.00 ****375.00
8. Name and Address of Current Registered Agent  <b>PARRA, GABRIEL 3270 JAVA PLUM AVENUE MIRAMAR FL 33161</b>		9. Name and Address of New Registered Agent  Name <b>SYLVIA Collada</b> Street Address (P.O. Box Number Is Not Acceptable) <b>10706 N.E. 9 Ave.</b> Suite, Apt. #, Etc. City <b>Biscayne Park</b> State <b>FL</b> Zip Code <b>33161</b>	
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 <b>X</b>		REQUIRED REGISTERED AGENT MUST SIGN	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/>		(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: <b>X SIGN</b>		REQS/VRD Collada SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date <b>305-685-2884</b> Daytime Phone #	