PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 24 PM 3:25

DOCUMENT # P95000048702

1. Corporation Name

DANLAU ENTERPRISES, INC.

REINSTATEMENT 97-04

2. Principal Office Address		**3.** Mailing Office Address	
6520 NW 20th Street		P.O. Box 451558	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Sunrise, Fl		Sunrise, FL	
Zip	Country	Zip	Country
33313	US	33345	US

4. Date Incorporated or Qualified To Do Business in Florida: 6/21/95

5. FEI Number: 650597407 ☐ 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: Ferdinand & Sullivan, P.A.

Street Address (P.O. Box Number is Not Acceptable): 100 W. Cypress Creek Road

200031846502
04/05/04--01073--001 **18 8.75

Suite, Apt. #, Etc.: Suite 910

City	State	Zip Code
Fort Lauderdale	FL	33309

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: Ferdinand M. Sullivan, President Date 3-19-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
DP ST	Dana Droleski	6520 NW 20th Street	Sunrise, FL 33313

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)(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: Dana Droleski, President Dana Droleski 3-23-04 954-748-1696

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