


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P95000081359</u>			
1. Corporation Name <u>DANTE RESTORATIONS, Inc.</u>			
2. Principal Office Address <u>7400 GEORGIA AVE</u>		3. Mailing Office Address	
Suite, Apt. #, etc. <u>2</u>		Suite, Apt. #, etc.	
City & State <u>West Palm Bch</u>		City & State	
Zip <u>33405</u>	Country <u>USA</u>	Zip <u>33405</u>	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>10/24/95</u>		5. FEI Number <u>65-0631465</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name <u>Mary Rausch</u>		200004670952-1	
Street Address (P.O. Box Number is Not Acceptable) <u>1411 INDIAN RD</u>		11/07/01 01055-017 ***1200.00 ***1200.00	
Suite, Apt. #, Etc.			
City <u>WEST PALM Bch</u>		State <u>FL</u>	Zip Code <u>33405</u>
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 <u>Mary Rausch</u>		Date <u>9/27/01</u>	
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
P	ALNOOR KASSAM	68 Red Hawk Road, Scarborough ONTARIO, M1B-6B3 CANADA	Scarborough, ONTARIO M1B-6B3 CANADA
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: <u>[Signature]</u>		Date <u>SEPT 20/01</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 5, 2001

DANTE RESTORATIONS, INC.  
7400 GEORGIA AVE  
C  
WEST PALM BEACH, FL 33405

SUBJECT: DANTE RESTORATIONS, INC.  
Ref. Number: P95000081359

We have received your document for DANTE RESTORATIONS, INC. and check(s) totaling \$1200.00. However, your check(s) and document are being returned for the following:

List the street address of each officer/director listed on the report or on an attachment.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 201A00055933