

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 # P95000088685

1. Corporation Name

DAN INVESTMENTS, INC

Principal Place of Business

Mailing Address

**1790 WEST 49th street SUITE 300
HIALEAH, FL. 33012**

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

2. New Principal Office Address If Applicable #1

1615 NO VIEW DR SUNSET ISLAND #1
Suite, Apt. #, etc.

3. New Mailing Office Address If Applicable #1

1615 NO VIEW DR SUNSET ISLAND #1
Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

MIAMI BEACH

Zip

33140

Country

MIAMI-DADE

Zip

33140

Country

MIAMI-DADE

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
P	JOSE R. CARABALLO	1615 N. VIEW DRIVE SUNSET ISLAND #1	MIAMI BEACH FL 33140

8. Name and Address of Current Registered Agent

**LUCIANO ESTEA
1790 W 49th ST STE 300
HIALEAH FL 33012**

9. Name and Address of New Registered Agent

Name **JOSE R CARABALLO**
Street Address (P.O. Box Number is Not Acceptable)
1615 NO VIEW DR SUNSET ISLAND #1
Suite, Apt. #, Etc
City **MIAMI BEACH** State **FL** Zip Code **33140**

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

Jose R Caraballo
REGISTERED AGENT MUST SIGN

Date

3/4/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Jose R Caraballo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

305-674-0231

99 MAR -5 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 90-01

4. Date Incorporated or Qualified To Do Business in Florida

11/17/1995

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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03/03/99 01074-011
***1208.75 ***1208.75

CR2E040 (9/98)