

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12/11/03 01018 006  
\*150.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 11 AM 8:00

DOCUMENT # P96000096966

1. Corporation Name

DAN&SAM, INC

2. Principal Office Address

3001 N 34TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FLORIDA

City & State

Zip

33021

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/1996

5. FEI Number

650712628

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

SAMUEL ANIDJAR

Street Address (P.O. Box Number is Not Acceptable)

3001 N 34TH STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

*[Date]*

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
PRES	BOTTON DANNY	3001 N 34TH STREET	HOLLYWOOD FL, 33021
SEC	ANIDJAR SAMUEL	3001 N 34TH STREET	HOLLYWOOD FL, 33021

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*[Date]* 12/07/03 954 983 8230

Daytime Phone #

CR2081 (10/02)