PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

TEL NOTICE HOME COMPLETING THIS FORM.	
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATEMENT OF STATEMEN	O2 NOV 18 AH 10: 27
DIVISION OF CORPORATIONS	
DOCUMENT # P9700036085 1. Corporation Name	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DANIA SCALOOD FINC.	
	100009043171 11/18/0201016003 **150.00
2. Principal Office Address 1103 S. FEDERAL HWY 4963 S. FATERO 7 uite, Apt. #, etc. Suite, Apt. #, etc.	
uite, Apt. #, etc. Suite, Apt. #, etc. City & State	4. Date Incorporated or Qualified To Do Business in Florida 4-22-97
DANIA F! DAVIE , F!	5. FEI Number Applied For Not Applicable
33004 BROWARD 33314 SLOWARD	
7. Name and Address of Current Registered Agent BRUCEA GOTTLIER Street Address (P.O. Box Number is Not Acceptable) 125 W 46 HUG Suite, Apt. #, Etc. City City State Zip Code	
I, being appointed the registered agent of the above named corporation, am familiar with and accept	FL 3382/
gnature of position and accept grature of REGISTERED AGENT MUST SIGN	Date
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must lis	st at least 3 directors)
Titles Name of Street Address of Officers and/or Directors Officer and/or Directors	Each rector City / State / Zip
PD Abrams, Michael 4963 S. Shi	RO7 DAVIE, F1 33314
SD Abrams, Judy 4963 5, St.	la 1 PAULE FI 333KG

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 filling 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:

REINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Please leturn with Application -Dania Scafood One P97000036085 4963 S. States 1 Devie Fl 33314 October 24, 2002 Plouda Department of State Division of Cogorations To Whom it May Concers. Received today revocation notice of P9700036085 Corporation. De Never received other notices segarding this This fee has always been pardin a timely manner Enclosed please find chest for Thank you. Hedy Cotrams!