PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 20 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000048308

1. Corporation Name

DANAD CORPORATION

REINSTATEMENT 0405 $

CR2E081 (8/05)

2. Principal Office Address		**3.** Mailing Office Address	
121 Crandon Blvd, #351		2121 Ponce De Leon Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Unit 351		Suite 711	
City & State		City & State	
Key Biscayne, Fl		Coral Gables, Fl	
Zip	Country	Zip	Country
33149	US	33134	US

4. Date Incorporated or Qualified To Do Business in Florida 6/02/1997

5. FEI Number ☐ 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: MARK S. SCHECHNER

000062292640
12/20/05--01035--023 **150.00

Street Address (P.O. Box Number is Not Acceptable): 2121 PONCE DE LEON BOULEVARD

000062292640
12/20/05--01035--024 **750.00

Suite, Apt. #, Etc.: SUITE 711

City: CORAL GABLES, FLORIDA | State: FL | Zip Code: 33134

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 _____ Date 12/14/05

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	MARK S. SCHECHNER	2121 Ponce De Leon Blvd, #711	Coral Gables, Fl 33134

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: _____ Mark Schechner 12/14/05 305-446-1621

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

Per KB - Name okay. 12/21 MM