PLEASE READ ALL INSTRUCTIONS	C DEFODE COMPLETING THE TOTAL
APPLICATION FOR PREINSTATEMENT  APPLICATION FOR JIN Secretary of DIVISION OF CORPO	State FILED
DOCUMENT # P 98 000000150	02 NOV 19 PM 1:16
1. Corporation Name  DAFNA TRUST & HOL	DINGS, In SECNEMARY OF STATE FALLAHASSEE. FLORIDA
Principal Place of Business Mailing Address	ıc: P
Boca Raton, Ff 33433 Boca	Via Reservices Raton, IP 33433
If above addresses are incorrect in any way, line through incorrect information and enter  2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If	Applicable 4. Date Incorporated or Qualified
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.	10 Do Business in Florida Dec 31 1997
City & State Boca Raton FP Boca Raton	5. FEI Number Applied For 65 - 0802531 Not Applicable
Zip 33487 Country 33487 Country 33487	6
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers Street Address of Each	
Title(s) and/or Directors Officer and/or Director Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) 4	
Pres. Februs Grunberg 17031 Boca Club Bto 81B" Box Raton, Fl 3348	
$ \cdot  \circ   = 0$	
Treas Nenette Grunden 1703/Boca Club Bho 8/8" Boca Raton, F733487	
	10009085651 11/19/0201081003 **158.75
8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Fébrus Grunberg 17031 Boca Club Bhd	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.
81"B"	Suite, Apt. #, Etc.
Boca Ration, FL 33497.	City State Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with	n and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent REGISTERED AGENT MUST SIGN	Date
11. This corporation owes the current year Intangible Personal Property Tax due June 30.  Yes No 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE: Nenethe Grunberg Sec Theat putte Paul Por 11-19-02 912 0230.  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDINECTOR  Date Daylime Phone #	