PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETED PORM. FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** 00 JUN -6 PM 1:01 REINSTATEMENT Secretary of State **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEE, FLORIDA 798000011649 1. Corporation Name Danedea. Corporation 2. Principal Office Address 3. Mailing Office Address 400003292914---9 -06/15/00--01156--001 1242 North Adams Street P. O. Box 3849 \*\*\*\*\*300.00 \*\*\*\*300.00 Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida Feb. 5, 1998 City & State City & State 5. FEI Number Applied For Tallahassee, Florida Tallahassee, Florida 59-3053752 Not Applicable Country Zip Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED ... 32315 USA 32303 USA for a Certificate of Status 7. Name and Address of Current Registered Agent Kenneth V. Dunson Street Address (P.O. Box Number is Not Acceptable) 1242 North Adams Street Suite, Apt. #, Etc. City State Zip Code FL 32303 Tallahassee 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 Date June 5. Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Titles City / State / Zip Officers and/or Directors Pres Kenneth V. Dunson 1242 North Adams Street Tallahassee, FL 32303 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. June 5, 2000 (850)545-6685 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR