

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 30 PM 2:09

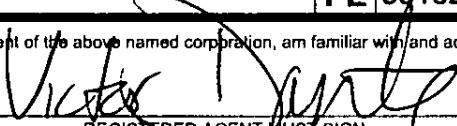
CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #P98000056470

1. Corporation Name

Law Office of Victor F. Dante, P.A.

REINSTATEMENT 10-11

2. Principal Office Address - No P.O. Box # 1911 NE 164th Street	3. Mailing Office Address 1911 NE 164th Street		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State North Miami Beach, FL	City & State North Miami Beach, FL		
Zip 33162	Country	Zip 33162	Country
7. Name and Address of Current Registered Agent			
Name Victor F. Dante			
Street Address (P.O. Box Number is Not Acceptable) 1911 NE 164th Street			
Suite, Apt. #, Etc.			
City North Miami Beach	State	Zip Code FL 33162	
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	 REGISTERED AGENT MUST SIGN		
Date December 29, 2011			

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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	Victor F. Dante	1911 NE 164th Street	North Miami Beach, FL 33162

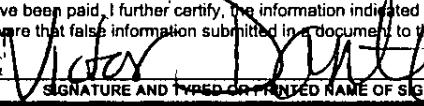
DC 12/30

10. E-mail Address: vdante@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 29, 2011 305-949-2526

Date Daytime Phone #