

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAY 23 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000087946

1. Corporation Name

DANIA HOMES, INC.

400075577434
06/01/06--01006--001 **758.75

REINSTATEMENT
CR2E081 (12/05)

02-06

2. Principal Office Address

301 NE 3 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

301 NE 3 AVENUE

Suite, Apt. #, etc.

City & State

DANIA, FL

City & State

DANIA, FL

Zip

33004

Country

USA

Zip

33004

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1998

5. FEI Number

650869266

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

JOHN A. GRENIER

Street Address (P.O. Box Number is Not Acceptable)

301 NE 3 AVENUE

Suite, Apt. #, Etc.

City

DANIA

State

FL

Zip Code

33004

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 5/22/2006

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 | JOHN A. GRENIER | 301 NE 3 AVENUE | DANIA, FL 33004 |
| | | | |
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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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/2006

Date

954-629-2126

Daytime Phone #