K.

## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000094502  1. Entity Name DANOCORP, INC.							04 NOV	LED -1 PM 12: (			
Principal Place 1020 WEST M LAKELAND, FI	1AIN STREE		Mailing Address PO BOX 50 LAKELAND, FL 33					RY OF STAI SSEE, FLORI			<b>P11</b> (# 103)
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				11012004	REIN-P	CR2E	098 (6/04)	MRI
City & State			City & State				4. FEI Numbe 59-3542				plied For t Applicable
Zip	Country		Zip	Coun	5. 0			of Status Desired		\$8.75 Addi	
		Name		7. Name and	Address of New R	legistered /	\gent				
BUTLER, DANIEL 1020 WEST MAIN STREET LAKELAND, FL 33815					Street Ac	dress (l	P.O. Box Numbe	er is Not Acceptable	e)		
	•	City		· · · · · · · · · · · · · · · · · · ·		FL	Zip Code	;			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00								In accordance corporation did	with s. 607 not receiv	.193(2)(b), i e the prior n	F.S., the notice.
10.		OFFICERS AI	ND DIRECTORS	11,			ADDITIONS/	CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, PO BOX S LAKELAN				11715	000427 70401048	7 <b>46</b> 2 002	□ Change ⊇ <b>4 3</b> **150.	Addition Addition		
TITLE NAME	P UPCHURCH, RANDY				E .	DE		i Sperin dies	A 650	Change	Addition
STREET ADDRESS City-St-Zip		ST MAIN STREET ID, FL 33815		eet address '-st-zip	Ú 1	III CAN	TEME		04	÷,	
TITLE NAME	V HOSTETI	LER, SHANE	Delete	TITE NAM						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	DRESS 1020 WEST MAIN STREET										1
TITLE M.M.	BAHE	NA, FRANCI	SCO Delete	TITL						☐ Change	Addition
STREET ADDRESS P. O. b. 50 CITY-ST-ZIP LIKLD. F1. 33802-50					EET ADDRESS '-ST-ZIP						
TITLE NAME			Delete	TITL NAM						☐ Change	Addition
STREET ADDRESS City-St-Zip					eet address /-st-zip			•			į
TITLE NAME			☐ Delete	TITL NAM		-				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					eet address 7-st-zip						·,
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: daniel butter  SIGNATURE: Date Dayling Printed NAME OF SIGNING OFFICER OR DIRECTOR  Oayling Pront #											