

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -4 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000099479**

1. Corporation Name

DANOLD INC.

2. Principal Office Address

5227 22 AVE S

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT, FLA

City & State

Zip

33707

Country

PINELLAS

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3546898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2000

7. Name and Address of Current Registered Agent

Name

JUAN A BAEZ

JUAN A BAEZ

500003533679 --4

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

**JB Tax Services
6224 Tower Drive
Hudson, FL 34667
727-819-0580 (Home)
813-758-8475 (Cell)**

-01711701--01103--002

******750.00 ****750.00**

Suite, Apt. #, Etc.

LS

City

State
FL

Zip Code

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

Juan A Baez

Date **12-28-00**

REGISTERED AGENT MUST SIGN

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
PRES	MOHAMMED ASKAR	5461 LYNN LAKE DR STE D ST PET	ST PETERSBURG, FL 33712
VP	ABED ABDEL-RAZEK	229 KATHERINE BLVD APT 3112	PALM HARBOR, FL 34684
SEC.	BRUNA CORTIULLA	7501 ULMERTON RD APT 2013	LARGO FL 33771

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.

MOHAMMED ASKAR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-00 (727) 328-9178

Date

Daytime Phone #