

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 12:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000101627

1. Corporation Name DAHN & HENRY IT GROUP, INC.

Principal Place of Business 5641 Orange Drive FORT LAUDERDALE, FL, 33314 Mailing Address 5641 Orange Dr. FT. LAUDERDALE, FL, 33314

REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida December 2, 1998 5. FEI Number 65-0886652 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Wanda Zeretzke and Donna Scorpio.

300003095493--4 -01/12/00--01013--017 ****750.00 ****750.00

8. Name and Address of Current Registered Agent Charles Scorpio 5641 Orange Drive FT. LAUDERDALE, FL, 33314 9. Name and Address of New Registered Agent

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

12. 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.

SIGNATURE: Donna Scorpio DONNA Scorpio 12/29/99 954-792-5001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE