

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 14 AM 8:56

DOCUMENT # P98000101627

1. Corporation Name

DAHN & HENRY IT GROUP, INC.

Principal Place of Business

Mailing Address

~~██████████~~
~~██████████~~

~~██████████~~
~~██████████~~



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

5641 SW 45th Street

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33314

Country

USA

3. New Mailing Office Address, If Applicable

5641 SW 45th Street

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33314

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1998

5. FEI Number

65-0886652

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ZERETZKE, WANDA	5641 SW 45th Street	DAVIE, FL 33314
TSV	HENRY, DONNA	5641 SW 45th Street	DAVIE, FL 33314
			500004706865--0 -12/05/01--01005--020 ***2250.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

HENRY, DONNA

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

5641 SW 45th Street

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

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

Donna Henry
REGISTERED AGENT MUST SIGN

Date 11/13/01

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., 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 Henry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/01

Date

954-742-5001

Daytime Phone #

CR2E040 (8/01)