

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

DAHNS & 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.

3. New Mailing Office Address, If Applicable  
 5641 SW 45th Street  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
 12/02/1998

City & State  
 DAVIE, FL  
 Zip  
 33314  
 Country  
 USA

City & State  
 DAVIE, FL  
 Zip  
 33314  
 Country  
 USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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)