

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P99000008655

1. Corporation Name
DANNY TU INC

FILED
01 MAY 17 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1590 DUNLAWTON AVENUE 1590 DUNLAWTON AVENUE
PORT ORANGE FL 32127 PORT ORANGE FL 32127

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



2. New Principal Office Address, If Applicable 5006 E. Fowler Ave Suite, Apt. #, etc. E & G City & State Tampa FL Zip 33617	Country U.S.	3. New Mailing Office Address, If Applicable 811 Cedar Knoll Dr N Suite, Apt. #, etc. City & State Lakeland FL Zip 33809	Country U.S.	4. Date Incorporated or Qualified To Do Business in Florida 01/25/1999
5. FEI Number 59-3549432				Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	TU, DANNY	1400 HANCOCK BLVD #605	DAYTONA BEACH FL 32114
900004416859--0 -06/13/01--01012--013 ****900.00 ****900.00			
REINSTATEMENT 00-01			

8. Name and Address of Current Registered Agent TU, DANNY 1590 DUNLAWTON AVENUE PORT ORANGE FL 32127	9. Name and Address of New Registered Agent Name Tu, Danny Street Address (P.O. Box Number is Not Acceptable) 811 Cedar Knoll Dr N Suite, Apt. #, Etc. City Lakeland State FL Zip Code 33809
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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 SIGNATURE REQUIRED Date 4/10/01
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED Danny Tu, President Date 4/10/01 Daytime Phone # 813-914-8359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/00)