

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 13 PM 3:10

DOCUMENT # P99000025127

1. Corporation Name

DANBRE ENTERPRISES, INC.

2. Principal Office Address

8508 SW 40 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33155

Country
USA

3. Mailing Office Address

8508 SW 40 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33155

Country
USA

REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEEL Number

65-0915256

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wayne H. Rassner

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

7700 N. Kendall Drive

Suite, Apt. #, Etc.

510

City

Miami

State

FL

Zip Code

33156

300073516273
05/01/06-01056-013 ** 1200.00

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

[Signature]

Date

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
P/D	Brenda Rubin	8508 SW 40 Street	Miami, FL 33155
VP/S/D	Daniel Blumin	8508 SW 40 Street	Miami, FL 33155

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 contained in Chapter 119, 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] DANIEL BLUMIN U.PRES. 4/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #