

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
DIVISION OF CORPORATIONS
00 OCT 30 PH 12:45

DOCUMENT # P99000048929

1. Corporation Name

D & N REALTY, INC.

Principal Place of Business

4611 SOUTHWEST 42ND AVE.
FORT LAUDERDALE FL 33314

Mailing Address

4611 SOUTHWEST 42ND AVE.
FORT LAUDERDALE FL 33314

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



REINSTATEMENT 00

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/25/1999

5. FEI Number

65-0934129

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
D	GALASSO, DANIEL JR.	4611 SOUTHWEST 42ND AVE.	FORT LAUDERDALE FL 33314

000003463540--3
-11/15/00--01010--007
****250.00 ****250.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

GALASSO, DANIEL JR.
4611 SOUTHWEST 42ND AVE.
FORT LAUDERDALE FL 33314

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL
	Zip Code

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

Daniel Galasso

REGISTERED AGENT MUST SIGN

Date

10/26/00

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:

Daniel Galasso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/00 (954) 295-5528
Daytime Phone #

CR2E040 (8/00)