

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # S98843

1. Corporation Name

DARIEN CORPORATION

FILED

02 FEB 28 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99-02

2. Principal Office Address 1900 W. Commercial Blvd Suite, Apt. #, etc. Suite 134 City & State Ft Lauderdale FL Zip 33309 Country U.S.A.		3. Mailing Office Address 1900 W. Commercial Blvd Suite, Apt. #, etc. Suite 134 City & State Ft Lauderdale FL Zip 33309 Country U.S.A.	
---	--	---	--

4. Date incorporated or Qualified To Do Business in Florida 12/09/91	
5. FEI Number 65-0307231	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Glenna K. Boyd	
Street Address (P.O. Box Number is Not Acceptable) 8125 SW 28 ST	
Suite, Apt. #, Etc.	
City Miami	State FL
Zip Code 33155-2503	

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 Glenna K. Boyd Date 1/28/02
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
PD	Glenna K. Boyd	8125 SW 28 ST	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 under section 119.07(3)(l), 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: Glenna K. Boyd Glenna K. Boyd 1/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #