

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J65389

1. Corporation Name

DANSANA CORP.

Principal Place of Business

Mailing Address

**7501 N.W. 4TH STREET, #212D
PLANTATION, FL 33317-2245**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/87

5. FEI Number

65-0002147

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	RACHMAN, DANIEL B.	7501 N.W. 4 Street, #212D	Plantation, FL 33317-2245
DP	RACHMAN, SANDRA L.	7501 N.W. 4 Street, #212D	Plantation, FL 33317-2245

100002353361-4

-11/20/97-01094-002

***750.00 ***750.00

*JB
11-19-97*

8. Name and Address of Current Registered Agent

**Meisler, Michael C.
1750 University Dr. #201
Coral Springs, FL 33071**

9. Name and Address of New Registered Agent

Name
Graciela L. Miller, CPA
Street Address (P.O. Box Number is Not Acceptable)
3 S.W. 129 Avenue, #201
Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33027

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

Graciela L. Miller

REGISTERED AGENT MUST SIGN

Date

11/14/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 B. Rachman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/97

Daytime Phone #

954-5830486

CR2E040 (1/2/96)