2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 15 AM 8:00

REINSTATEMENT 04

DOCUMENT # P03000154651

1. Entity Name
DAYRES ENTERPRISES, INC.

10122004 REIN-P CR2E098 (6/04) MRS

Principal Place of Business	Mailing Address
215 N TUTTLE AVE, C-4 SARASOTA, FL 34237-5238	215 N TUTTLE AVE, C-4 SARASOTA, FL 34237-5238

2. Principal Place of Business	3. Mailing Address
725 North Conrad Avenue	725 North Conrad Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Florida	City & State: Sarasota, Florida
Zip: 34237-4627 Country:	Zip: 34237-4627 Country:

4. FEI Number: 20-0462352 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANGDON, ALLEN E 125 FIRST AVE NOKOMIS, FL 34275	Name: Allen E. Langdon, Ph.D. Street Address (P.O. Box Number is Not Acceptable): 125 First Avenue City: Nokomis FL Zip Code: 34275-4242

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Allen E. Langdon, Ph.D. October 12, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVAREZ, ROBERTO 215 N TUTTLE AVE, C-4 SARASOTA, FL 342375238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P, S, T Alvarez, Roberto 725 North Conrad Avenue Sarasota, FL 34237-4627	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: October 12, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #