

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 DEC -7 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **P97000039110**

1. Corporation Name  
**Daystarter Florida, Inc.**

2. Principal Office Address  
**127 NW 13th Street**

Suite, Apt. #, etc.  
**C-6**

City & State  
**Boca Raton, FL**

Zip  
**33432**

Country  
**USA Palm Beach**

3. Mailing Office Address  
**SIAS**

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida **MAY 1997**

5. FEI Number  
**650752018**

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  
**KEITH LORIGAN**

**200003501602-9**

Street Address (P.O. Box Number is Not Acceptable)  
**215 SEACREST CIRCLE N.**

**-12/14/00--01071--008**

**\*\*\*750.00 \*\*\*750.00**

Suite, Apt. #, Etc.  
**N/A DELRAY BEACH**

City  
**DELRAY BEACH**

State  
**FL**

Zip Code  
**33444**

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]*  
REGISTERED AGENT MUST SIGN

Date  
**11/9/00**

**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
President	KEITH J. LORIGAN	127 NW 13th ST, SUITE C-6	BOCA RATON, FL 33432

**REINSTATEMENT 2000-**

*[Signature]*

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)(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:  
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KEITH J. LORIGAN** 11/9/00

561-362-5258  
Date Daytime Phone #

CR2E081 (9/99)