

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 25 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 420951

1. Corporation Name

DARROH BROTHERS INC.

2. Principal Office Address

P.O. BOX 719

3. Mailing Office Address

P.O. BOX 719

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING, FLORIDA

City & State

SEBRING, FLORIDA

Zip

Country

33870

Zip

Country

33870

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

MARCH 2, 1973

5. FEI Number

591482349

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

DARROH, DON P.

Street Address (P.O. Box Number is Not Acceptable)

160 L-7 RANCH ROAD

Suite, Apt. #, Etc.

City

LAKE PLACID

State

FL

Zip Code

33852

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

Don Darroh

Date

9/22/03

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
S/D	DARROH, MAURINE S.	220 L-7 RANCH ROAD	LAKE PLACID, FLORIDA 33852
P/T/D	DARROH, DON P.	160 L-7 RANCH ROAD	LAKE PLACID, FLORIDA 33852
A/S	TUBBS, RANDY	2515 PAR LN	SEBRING, FLORIDA 33871

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:

Don Darroh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/22/03

Daytime Phone #

863-382-8454