								e e e		
APPLICATION FOR. REINSTATEMENT				ALL INSTRUCTIONS BEFORE (FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED			
DOCUMENT # 515751 1. Corporation Name THE DRAKE CORPORATION							9,	97 OCT 29 PM 1:20		
							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
							\$7°	William Woole, Louin		
Principal Place of Business Mailing Address							1404101 011	81 (1881 81) (1888) 8 (187 (187 6) 6) 6		
4513 N FLORIDA AVE P.O. BOX 7727 TAMPA FL 33673				4513 N FLORIDA AVE P.O. BOX 7727 TAMPA FL 33673						
If above addresses are incorrect in any way, line through incorrect infon 2. New Principal Office Address, If Applicable 3. New Mailing						g Office Address, If Applicable 4. Date		orated or Qualified	40/04/4070	
Sufte, Apt. #, etc.				Sulte, Apt. #,	etc.		5. FEI Numbe		10/04/1976 Applied For	
City & State				City & State			_	59-1691261	Not Applicable	
Zip Country			Zip] '	Country	6. Certificat	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ac			r Director (Flo	rida nonprofit c	corporations must list at I	···			
Title(s) 1	Name of Officers and/or Directors				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			City	// State / Zip	
VP	DRAKE, J. MICHAEL			9339 OLD LAKELAND HWY				DADE CITY FL		
VP	DRAKE, KELLY D				4620 W SUNSET BLVD			TAMPA FL		
P	DRAKE, DAVID R JR				4601 BROWNING			TAMPA FL		
8	DRAKE, VODA L				9339 OLD LAKELAND HWY			DADE CITY FL		
						At	REIN	STATEME	NT_1997	
8. Name and Address of Current Registered Agent							9. Name and	L Address of New Registe	red Agent	
DRAKE, DAVID R						Name			10/2.1	
¾ 4513 N. FLORIDA AVENUE TAMPA FL 33603								IS Not Acceptable)		
TODIE OF LE COOL					Suite, Apt. #, Etc.			-10/31/97 ****758.		
10. I, being appointed the registered agent of the above named corporation, am familiar w						City		F	State Zip Code	
Signature Registered	of	e registered age	d	and (B Wist SI	rele, h.	obligations of Secti	on 607.0505, F.S. Date	27-27	
11. Th	nis corpo tangible	ration ow Personal	es or ha Property	s paid the tax due	e current June 30	year . Yes 🗹	No 🗆		or side for information intangible tax.)	
this reli	nstatement apport	olication, the rea ion have been p	son for dissolu aid and the na	rtion has been mes of Individ	eliminated, the uals listed on t	corporate name satisfie	s the requirements	of section 607 0401 or 61	ther certify that when filing 17.0401, F.S., that all fees S. The Information Indicated	
SIGNA		GNATURE AND T	YPED OR PRIN	TED NAME OF S	K KM	R OR DIRECTOR	100	13-9/ 8/3	7-336-599/ Daytime Phone #	