

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 516091

1. Corporation Name

DARROCH, INC
11883 HIGH TECH AVE.
ORLANDO, FL 32819

2. Principal Office Address

11883 HIGH TECH AVE
ORLANDO, FL 32819

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32819

Country

USA

3. Mailing Office Address

3252 LAKEVIEW OAKS DR
LONGWOOD, FL 32779

Suite, Apt. #, etc.

City & State

LONGWOOD, FL 32779

Zip

32779

Country

US

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-11/07/00--01074--010

****758.75 ****758.75

REINSTATEMENT 2000

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

10/08/96

5. FEI Number

59-1698559

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

D. GREGORY DARROCH

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

3252 LAKEVIEW OAKS DR

Suite, Apt. #, Etc.

City

LONGWOOD, FL 32779

State
FL

Zip Code

32779

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

D. GREGORY DARROCH

Date

10/23/00

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
P/H/D	D. GREGORY DARROCH	3252 LAKEVIEW OAKS DR	LONGWOOD, FL 32779
V/S/D	ROBERT M. DARROCH	40 HARRY E MCLELLAND 2200 CENTURY PKY N.E 10TH FL	ATLANTA, GA 30345

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:

D. GREGORY DARROCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/00

Daytime Phone #

407.3806444

CR2E081 (9/99)