

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 10 PM 1:36

DOCUMENT # F57960

1. Corporation Name

DAAN WARD ENTERPRISES, INC.

200021999152  
07/04/03--01006--014 \*\*908.75

2. Principal Office Address

S.W. 1 Lake Butler off Hwy 12  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 453  
Suite, Apt. #, etc.

City & State

Lake Butler, FL

Zip

32054

Country

US  
Union

City & State

Lake Butler, FL

Zip

32054

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/1981

5. FEI Number

59-215-0299

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 02-03**

7. Name and Address of Current Registered Agent

Name

Dave C. Newskel

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

134 Spanish Moss Lane

Suite, Apt. #, Etc.

City

Crawfordville, FL

State

FL

Zip Code

32327

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 7/10/03

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
Pres.	DAVID D. WARD	S.E. 2nd Ave	LAKE BUTLER, FL 32054
Sec/Treas.	Virginia E. Ward	S.E. 2nd Ave	Lake Butler, FL 32054

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:

*Virginia Elizabeth Ward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(386) 496-2605

Daytime Phone #