

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 11 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006226

1. Corporation Name

Drake Office Overload, Inc. ← CROSS REF  
Drake Office Overload I, INC ← Name

2. Principal Office Address - No P.O. Box #

228 Park Ave S

Suite, Apt. #, etc.

30645

City & State

New York, NY

Zip

10003

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 06-10

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
95-4555406

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

Mitchell Diamond

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

4033 Courtside Way

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 2/9/2010

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	Wm Dorman	6833 Oaklawn Ave	Edina, MN 55435
Sec	Gwen Kennedy	609 Calle del Cerrito	San Clemente, CA 92672

10. E-mail Address: wkenedy@na.drakeintl.com

(To be used for future annual report notification)

11. 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, I further certify, 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

2/09/2010 949 481 0112

Date

Daytime Phone #