

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 MAR -6 AM 8:44  
FLORIDA DEPARTMENT OF STATE  
ALLAHAC, FLORIDA

DOCUMENT # H94406

**1. Corporation Name**

Ron Dale & Company, Inc.

**2. Principal Office Address**

651 N. Mills Avenue

**3. Mailing Office Address**

651 N. Mills Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32803

Country

U.S.A.

Zip

32803

Country

U.S.A.

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

1/16/1986

**5. FEI Number**

59-2622712

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

Donald Gibson, Esq./GrayRobinson, P.A.

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

301 E. Pine Street

Suite, Apt. #, Etc.

Suite 1400

City

Orlando

State  
FL

Zip Code  
32801

100067964691

03/16/06--01011--001 \*\*290.00

**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

2/27/06

**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
DPTS	Ronald C. Dale	651 N. Mills Avenue	Orlando, FL 32803

100067964691

03/16/06--01011--002 \*\*8.75

**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 contained in Chapter 119, 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.**

Ron Dale & Company, Inc.

SIGNATURE:

*[Signature]*, President

407/894-1317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #