

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **522073**

1. Corporation Name

Den - Cor, Inc.

2. Principal Office Address

6335 SE 22ND AVE

Suite, Apt. #, etc.

City & State

Ocala Fla

Zip

34480

Country

manion

3. Mailing Office Address

P.O. 6572

Suite, Apt. #, etc.

City & State

Ocala

Zip

34478

Country

manion

4. Date Incorporated or Qualified
To Do Business in Florida

6-27-1986

5. FEI Number

59-2694276

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

Dennis L Jenkins

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

6335 SE 22ND AVE

Suite, Apt. #, Etc.

City

Ocala Fla

34480

State

FL

Zip Code

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

Dennis L Jenkins

REGISTERED AGENT MUST SIGN

Date

12-13-01

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	Dennis Jenkins	6335 SE 22nd Ave	Ocala Fla 34480
Vice	Clayton Jenkins	"	"
Sec	Josh Jenkins	7810 SE 41 st Ct	Ocala Fla 34480
Treas	Josh Jenkins	7810 SE 41 st Ct	Ocala Fla 34480

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:

Dennis L Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-01

Date

352 629 3843

Daytime Phone #

CR2081 (9/00)