

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

98 NOV 23 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J28487**

1. Corporation Name

**FEDAG, INC.**

Principal Place of Business

STE 108 DAMON'S-ORLANDO  
8445 INTERNATIONAL DR.  
ORLANDO FL 32819

Mailing Address

STE 108 DAMON'S-ORLANDO  
8445 INTERNATIONAL DR.  
ORLANDO FL 32819

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 98**

4. Date Incorporated or Qualified To Do Business in Florida		08/07/1986
5. FEI Number	59-2764567	Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
<del>DS</del>	<del>FREDERICK, ANDY</del>	<del>7247 ALEXANDER</del>	<del>DALLAS TX</del>
PD	MARION, FRED	2725 CANOE CREEK RD.	ST. CLOUD FL
<del>D</del>	<del>HALEY, DONALD</del>	<del>3196 BIRCHLANE DR.</del>	<del>FLINT MI</del>
DTS	DAWSON, LIN	300 FRENCHMAN'S BLUFF	CARY NC
<del>D</del>	<del>DUTY, TOM</del>	<del>5370 HIGHLAND SHORE</del>	<del>FLUSHING MI</del>
<del>VD</del>	<del>BISHOP, AL</del>	<del>3075 PINEHILL PLACE</del>	<del>FLUSHING MI</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOYLE, PATRICK W.  
800 W. MORSE BOULEVARD  
SUITE 1  
ORLANDO FL 32789

Name **FRED MARION**  
Street Address (P.O. Box Number Is Not Acceptable)  
**8445 International Drive**  
Suite, Apt. #, Etc.  
**Ste 108**  
City  
**Orlando, FL**  
State  
**FL**  
Zip Code  
**32819**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **11-19-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-19-98** Daytime Phone # **(407) 352-5984**

CR2E140 (8/98)