## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLÖRIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

J61784

1. Corporation Name

DANIEL L. SAUNDERS CORPORATION

Principal Place of Business

Mailing Address

2536 MEADOWVIEW CIRCLE WINDERMERE FL 34786

P.O. BOX 2185 WINDERMERE FL 34786

FILED

02 NOV 21 AM 8: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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If above addresses are incorrect in any way, line through incorrect information and enter correction below.						REINSTATEMENT OZ			
			iling Office Address, If Applicable		Date Incorporated or Qualified				
Suite, Apt. #, etc. Suite, A			t. #, etc.		- VOJUJI 1301				
City & State City & S			itate		5FEI Number Applied For Applied For				
					Not Applicable  6. \$8.75 Additional Fee required				
Zip	Country	Zip		Country	CERTIFICAT	E OF STATUS DESIRED	58./5 Additi	onal Fee required ficate of Status	
7. Names	and Street Addresses of Each Officer ar	nd/or Director (Fk	orida nonprofi	it corporations must list at le	ast 3 directors)				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
Р	SAUNDERS, DANIEL L.		P.O. BOX 2185		WINDERMERE FL 34786				
VP	PARSONS, LINNAE D SAUNDERS, WILLIAM K			505 LINSON COURT			ORLANDO FL 32809		
ST	,			4255 SILVER PINE ST			KISSIMMEE FL 34746		
						4			
					300009156423 11/21/0201106011 **750.00				
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8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
SAUN	DERS, DANIEL L		Name						
	MEADOWVIEW CIRCLE	Street Address (P.C		O. Box Number is Not Acceptable)					
WINDERMERE FL 34786			Suite, Apt. #, Etc.						
				City		, , ,	State Zip Coo	e	
0. I, being	appointed the registered agent of the at	ove named corpo	oration, am fa	miliar with and accept the ol	bligations of Secti	on 607.0505, F.S. or 6			
		6		<del>,</del>					
Signature of Registered	Jan Jan Jan	Jun	rell	GUIRED		Date 11/12	100		
-cyloleted	Nyem	EGISTEDED AC	ENT MUCT	TON		Date	100		

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 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

11/12/02 407.532. Date Daytime Phone #