PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

3633 26th Street West

Bradenton, Florida

DOCUMENT# 」188915

1. Corporation Name

2. Principal Office Address

151 Runway Bay

Suite, Apt. #, etc.

City & State

Signature of Registered Agent

1801 Gulf Drive West

Bradenton, Florida

DREN ENTERPRISES, INC.

Country

FILED

02 AUG 12 AM 8: 37

SECRETARY OF STATE TALLAHASSEE, FLORICA

-08/14/	0201055 3.00 ***	016
Pate Incorporated or Qualified to Do Business in Florida	8/24/198	7
El Number		Applied For
EO 0040404		Not Applicable

\$8.75 Additional Fee required

217	US	34205	us	CERTIFICATE	OF STATU	S DESIRED 🗌	for a Certificate	
	7. Name and Address of Current Registered Agent							
	Name Edward O. Reid, Attorney at Law							
Street Address (P.O. Box Number is Not Acceptable) 3633 26th Street West								
	Suite, Apt. #, Etc.							
	City Bradenton				State FL	Zip Code 34205		

8. I, being appointed the registered agent of the above named corporation, am tamiliar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Country

5. F

and the company of th						
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			
PST	Hazelhurst, Timothy	1801 Gulf Drive West	Bradenton, FL 34217			
D	Hazelhurst, Patricia	1801 Gulf Drive West	Bradenton, FL 34217			
VD	Hazelhurst, Timothy	1801 Gulf Drive West	Bradenton, FL 34217			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0421/2002 (44)1625 434343

CR2E081 (9/