

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 OCT 10 PM 3:14

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K55290

1. Corporation Name

Daniel Corporation of Boca Raton, Inc.

REINSTATEMENT

00-017
[Signature]

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

623 Maitland Avenue

3. Mailing Office Address

PO BOX 3643

Suite, Apt. #, etc.

Suite 1101

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

WINTER PARK FL

Zip

32701

Country

US

Zip

32790

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1989

5. FEI Number

650099278

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

Laila Witwicky

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

623 Maitland Avenue

Suite, Apt. #, Etc.

Suite 1101

City

Altamonte Springs

State

FL

Zip Code

32701

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Oct 1/07

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
PD	Laila Witwicky	623 Maitland Avenue Suite 1101	Altamonte Springs, FL 32701
VPD	DANIEL ESDEN	623 Maitland Avenue Suite 1101	Altamonte Springs, FL 32701

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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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Laila Witwicky

[Signature]

Date

(407) 644-6900

Daytime Phone #