

L02000017765

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 13 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000017765

1. Corporation Name

DAYTONA SLINGSHOT, LLC

2. Principal Office Address

4907 CARDER RD

3. Mailing Office Address

4907 CARDER RD

Suite, Apt. #, etc.

UNIT 4

Suite, Apt. #, etc.

UNIT 4

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32810

Country

U.S.

Zip

32810

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

07-15-2002

5. FEI Number

05-0522605

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

INGRID GOLDBERG

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

4907 CARDER RD

Suite, Apt. #, Etc.

UNIT 4

City

ORLANDO

State

FL

Zip Code

32810

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

REGISTERED AGENT MUST SIGN

Date 10-10-2003

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
D/Md	BRIAN MIRFIN	4907 CARDER RD, UNIT 4	ORLANDO, FL 32810

REINSTATEMENT

2003

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

10-08-2003 407-292-1964

Date

Daytime Phone #

CR2E081 (10/02)



Accounting, Inc.

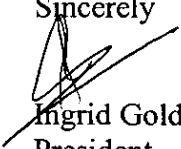
20/2
4907 CARDER ROAD #4
ORLANDO FL 32810
407.292.1964
407.445.1755 FAX

Mr Andy Dunlap
Dept Of State
P.O. Box 6327
Tallahassee Fl 32314

Re: Daytona Slingshot LLC

Enclosed please find a reinstatement form as well as a check for \$50.00. This client never received his Renewal as it went to the incorrect address. Thank you in advance as always for all your help.

Sincerely



Ingrid Goldberg
President