


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L53293

1. Corporation Name

DAYTONA GROUP, INC.

Principal Place of Business

Mailing Address

470 ANDALUSIA
 ORMOND BEACH FL 32174
 US

470 ANDALUSIA
 ORMOND BEACH FL 32174
 US

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

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	4 City / State / Zip
S	JESSUP, DWIGHT C.	139 FAIRWAY DRIVE	ORMOND BCH FL
TVP	POIRIER-JESSUP, DIANE J	139 FAIRWAY DR.	ORMOND BEACH FL

8. Name and Address of Current Registered Agent

JESSUP, DWIGHT C.
 139 FAIRWAY DR.
 ORMOND BEACH FL 32176

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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

10/16/00

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:

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

Date

Daytime Phone #

10/16/00

FILED

00 OCT 20 AM 10:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Wgc 2000



489 South Yonge St. • Ormond Beach, FL 32174
Phone: 904-673-1953 • Fax: 904-672-5932
Email: dchris@digital.net • www.dchristophers.com

October 17, 2000

Florida Department of Revenue
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

To whom it may concern,

Please find enclosed our Corporate Return, we did not receive our application to renew, we filed last year with a new address of 489 S. Yonge Street, Ormond Beach, FL 32174. I placed a call to your office in Late May requesting a packet and forgot to follow up. Please accept this application and waive the late and reinstatement fees.

Thank you,


Diane Poirier-Jessup
President