

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 25 AM 8:11

DEPT. OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

000170574310

02/25/10--01037--011 **183.75

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

| |
|--|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Not Not Applicable </div> |
|--|

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Name JACK DANIEL

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

11640 S. OLD JONES ROAD

Suite, Apt. #, Etc.

~~FLORAL~~ ~~2/14~~

City

FLORAL CITY


State

FL

Zip Code

FL 34436

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 2/13/10

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 |
|--------|--------------------------------------|---|-------------------------|
| DVP | RICHARD BUTLER | 1700 BARNESMILL RD. | MARIETTA, GA 30062 |
| DPS | JACK DANIEL | 11640 S. OLD JONES | FLORAL CITY 34436 |
| | | | |
| | | | |
| | | | M. MILLIGAN EXAMINER |
| | | | MAR - 3 2010 |
| | | | |

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/10

Date _____

352-596-5015

Daytime Phone #