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• PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 23 AM 9:21

DOCUMENT # P00000043566

1. Corporation Name

Daryl Cook Enterprises, Inc.

400065076244
02/02/06--01020--013 **600.00

2. Principal Office Address

565 Lagoon Oaks Dr

3. Mailing Office Address

565 Lagoon Oaks Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach

City & State

Panama City Beach

Zip
32408

Country
USA

Zip
32408

Country
USA

REINSTATEMENT
CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

May 1, 2000

5. FEI Number

91-2030862

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
Daryl S. Cook

Street Address (P.O. Box Number is Not Acceptable)
565 Lagoon Oaks Dr.

Suite, Apt. #, Etc.

City
Panama City Beach

State
FL

Zip Code
32408

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

Date 1-11-06

REGISTERED AGENT MUST SIGN

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
P	Daryl S. Cook	565 Lagoon Oaks Dr.	Panama City Beach, FL 32408

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:

DARYL S. COOK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06

Date

(480)

330-4501

Daytime Phone #

1/24
aw

2/2

DC Enterprises, Inc.

January 11, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please note that I did not receive the annual report notice in 2003, the year that this corporation was dissolved. Please accept required fees of \$600.00 per my phone conversation with your representative to bring this corporation into good standing.

If there are any questions or concerns regarding this corporation reinstatement, please contact me immediately at 480-330-4501.

Thank you,



Daryl S. Cook
President