

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 17 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060318

1. Corporation Name

Deck Daddy Inc.

2. Principal Office Address

7407 Avonwood St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33625

Country

U.S.A.

3. Mailing Office Address

7407 Avonwood St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33625

Country

U.S.A.

500036524975  
05/17/04--01082--026 \*\*1208.75  
**REINSTATEMENT 01-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

6/16/2000

5. FEI Number

59-3656604

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

Carl Smothers

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

7407 Avonwood St.

Suite, Apt. #, Etc.

City

Tampa,

State

FL

Zip Code

33625

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

Carl B. Smothers  
REGISTERED AGENT MUST SIGN

Date

5.5.2004

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	Smothers, Carl	7407 Avonwood St.	Tampa, FL 33625
D	Smothers, Laura	7407 Avonwood St.	Tampa, FL 33625

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:

Laura Smothers

Laura Smothers

Date

5.5.2004

Daytime Phone #

813-926-1010

CR2E081 (01/04)