## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P00000070339

1. Corporation Name

DAN BIRD REAL ESTATE, INC.

Principal Place of Business

Mailing Address

12102 CORNER OAKS DRIVE JACKSONVILLE FL 32223 12102 CORNER OAKS DRIVE JACKSONVILLE FL 32223

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

PEINSTATEMENT OZ

FILED

02 OCT 30 AM 7:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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O New 5	addresses are incorrect in any way, line t	inrough incorrect	intermation and	enter correction below.	2 230	and the second second			
,∠. New Pr 	incipal Office Address, If Applicable	3. New Ma	3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified  To Do Burgorated or Qualified  To Do Burgorated or Qualified  To Do Burgorated or Qualified			
		Suite, Apt. #, etc.  City & State			0//20/2000				
					5. FEI Number Applied For Not Applied For				
		Country		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee requir					
7. Names	and Street Addresses of Each Officer an	d/or Director (FI	orida nonprofit c	corporations must list at le	ast 3 directors)				
Title(s)	Name of Officers and/or Directors	3	Street Address of Each		City / State / Zip				
PD	BIRD, DANIEL G		12102 CORNER OAKS DR			JACKSONVILLE FL 32223			
				p'	00 10/30/	000869 <del>02-01048-0</del>	701 <del>01 *</del>	. () *750, 00	
	8. Name and Address of Current	t Registered Agr	ent		9. Name and A	Address of New Regis	stered Ag	ent	
BIRD, DANIEL G 12102 CORNER OAKS DRIVE JACKSONVILLE FL 32223				<u> </u>	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				
·.				City			FI	Zip Code	
0. I, being	appointed the registered agent of the ab	ove named corpo	oration, am famil	lar with and accept the ot	oligations of Section	on 607.0505, F.S. or 6	17.0505, I	F.S.	

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 filling 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-465-3892

Date

Daytime Pho