

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 27 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 000 000 82417

1. Corporation Name

DAYTONA HOLDINGS CORPORATION

600022660336

08/23/03--01013--003 **750.00

2. Principal Office Address

888 GOLDENROD ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

888 GOLDENROD ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32822

Country

ORANGE

Zip

32822

Country

ORANGE

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-30-00

5. FEI Number

65-1052111

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

JOSUE VASQUEZ

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

2627 W. S.R. 434

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32779

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

Josue Vasquez

Date 8-26-03

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
<u>P</u>	<u>MARTINEZ CASTRO, ABLO</u>	<u>723 MYRTLE COVE CT #307</u>	<u>ORLANDO, FL 32825</u>
<u>VP</u>	<u>MARTINEZ, MOISES</u>	<u>723 MYRTLE COVE CT #307</u>	<u>ORLANDO, FL 32825</u>

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:

Josue Vasquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-03 407 463-3499

Date

Daytime Phone #

CR2E081 (10/02)