

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000098472**

1. Corporation Name

DANIEL'S INVESTMENTS, INC.

Principal Place of Business

**1465 SIMMONS RD
KISSIMMEE FL 34744**

Mailing Address

**1465 SIMMONS RD
KISSIMMEE FL 34744**

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

2. New Principal Office Address, If Applicable

4520 West Colonial Dr

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4520 West Colonial Dr

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32808

Country

Florida

City & State

Orlando

Zip

32808

Country

FL

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/2000

5. FEI Number

593677266

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP,	AUGUSMA, JEAN	1465 SIMMONS RD	KISSIMMEE FL 34744
D	ZEKRI, JOSEF J	2709 CRANE TRACE CIRCLE	ORLANDO FL 32837
			800004690178--3
			-11/21/01--01014--006
			***750.00 ***750.00
			1/18

8. Name and Address of Current Registered Agent

**AUGUSMA, JEAN
1465 SIMMONS RD
KISSIMMEE FL 34744**

9. Name and Address of New Registered Agent

Name

ZIKRI JOSEPH

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

2709 CRANE TRACE CIR

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date

10-21-01

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-21-01

Daytime Phone #

407-822 8200

CR2E040 (8/01)