

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 25 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000114924*

**1. Corporation Name**

DENIS O'CONNOR DISTRIBUTORS INC  
PO BOX 291264  
PORT ORANGE FL 32129

**2. Principal Office Address**

5578 LANCEWOOD CIRCLE S

**3. Mailing Office Address**

PO BOX 291264

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

Zip

32127

Country

Zip

32129-1264

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 12-11-2000

**5. FEI Number**

59-3694633

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

100032110411  
04/07/04--01064--005 \*\*300.00

**7. Name and Address of Current Registered Agent**

Name

KEVIN R O'CONNOR

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

5578 LANCEWOOD CIRCLE SOUTH

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32127

**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

REGISTERED AGENT MUST SIGN

Date

**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	KEVIN O'CONNOR	5578 LANCEWOOD CIRCLE S	PORT ORANGE FL 32127

REINSTATEMENT 63-04

**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:

*Kevin O'Connor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KEVIN O'CONNOR

3/18/04

Date

386.788.1662

Daytime Phone #

CR2E081 (01/04)

*Rayoratz*

**HEWITT J. DUPONT**  
CERTIFIED PUBLIC ACCOUNTANT

912 South Ridgewood Avenue, Suite D  
Daytona Beach, Florida 32114

Telephone 386.257.2425  
Fax 386.254.6941

March 18, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: DENIS O'CONNOR DISTRIBUTORS INC  
EIN: 59-3694633

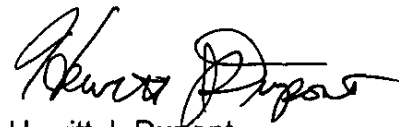
Gentlemen:

When attempting to determine whether our client had filed his 2004 Annual Report on-line, it was discovered that the corporation was administratively dissolved September 19, 2003, because of failure to file the 2003 report (see information page attached):

I believe that the unusual circumstances of our client warrants abatement of penalty. Within the past two years, the president of the corporation was divorced and moved. He did not receive the 2003 Uniform Business Report in the mail, and the filing was overlooked.

Please consider abating the reinstatement fee of \$600, as this would be an extreme economic hardship for this corporation. A check in the amount of \$300 is enclosed for two years' (2003 and 2004) filing fees. Thank you for your assistance in this matter.

Cordially,



Hewitt J. Dupont  
Certified Public Accountant

HJD:jg

Enclosures

cc: DENIS O'CONNOR DISTRIBUTORS INC