

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 30 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO/000059220

1. Corporation Name

Dent Free Inc.

2. Principal Office Address

1690 Wild Flower Fields Tr.

3. Mailing Office Address

1690 Wild Flower Fields Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, Florida

City & State

Orange Park, Florida

Zip

32003

Country

USA

Zip

32003

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 11, 2001

5. FEI Number

59-3722852

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

W. Dane Coussens

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

1690 Wild Flower Fields Trace

Suite, Apt. #, Etc.

City

Orange Park

State
FL

Zip Code
32003

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

W. Dane Coussens

Date November 30, 2005

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
President	W. Dane Coussens	1690 Wild Flower Fields Trace	Orange Park, Fl. 32003
Vice-President	Joel Weatherholtz	1719 Chatham Village Drive	Orange Park, Fl. 32003

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: W. Dane Coussens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 30, 2005

Date

904-278-2510

Daytime Phone #