

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 NOV 24 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089907

1. Corporation Name

DMACA Corporation

REINSTATEMENT 07-08 KS

2. Principal Office Address - No P.O. Box #

7442 Lake Marsha Drive

Suite, Apt. #, etc.

3. Mailing Office Address

7442 Lake Marsha Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

US

Zip

32819

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 9/12/2001

5. FEI Number

593755981

☒ 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

David W. Ashley

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

7442 Lake Marsha Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

David W. Ashley

Date 11/20/2008

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
P	David W. Ashley	7442 Lake Marsha Drive	Orlando, FL 32819
V	Miriam B. Ashley	7442 Lake Marsha Drive	Orlando, FL 32819

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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 contained in Chapter 119, 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:

David W. Ashley

11/20/2008

321-229-2634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #