

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

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DOCUMENT # P02000028839

1. Corporation Name

Daytona Sun Times, Inc.

200025223712
12/04/03--01016--016 **750.00

REINSTATEMENT 03

2. Principal Office Address

715 South Beach Street

Suite, Apt. #, etc.

Unit 317D

City & State

Daytona Beach, FL

Zip

32114

Country

USA

3. Mailing Office Address

715 South Beach Street

Suite, Apt. #, etc.

Unit 317D

City & State

Daytona Beach, FL

Zip

32114

Country

USA

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

03/15/2002

5. FEI Number

04-3635535

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

Joanne Koss

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

715 South Beach Street

Suite, Apt. #, Etc.

Unit 317D

City

Daytona Beach

State

FL

Zip Code

32114

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

Joanne Koss

REGISTERED AGENT MUST SIGN

Date

11-21-03

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
PSTD	Koss, Joanne	715 South Beach Street, Unit 317D	Daytona Beach, FL 32114

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:

Joanne Koss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-21-03

Daytime Phone #

238-8477

CR2E081 (10/02)