

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 25 AM 8:00

DOCUMENT #

P22 0000 33427

1. Corporation Name

DAGAN ENTERPRISES INC.

2. Principal Office Address

10968 HAWAII DR. SO.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32246

Country

U.S.

3. Mailing Office Address

P.O. Box 351133

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL. 32235

Zip

32235

Country

U.S.

REINSTATEMENT

0304

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

30-0074131

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 P. ADAMS

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

10968 HAWAII DRIVE SO.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32246

200037295952

05/25/04--01059--003 **\$10.00

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 P. Adams

REGISTERED AGENT MUST SIGN

Date 05-23-04

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	DAVID P. ADAMS	10968 HAWAII DR. SO.	JACKSONVILLE FL. 32246
V.P.	ELIZABETH ADAMS	10968 HAWAII DR. SO.	JACKSONVILLE FL. 32246
CFO	ARISTOTLE ADAMS	10968 HAWAII DR. SO.	JACKSONVILLE FL. 32246

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David P. Adams

Date

05/23/04 713-398-8227

Daytime Phone #

CR20081 (01/04)