

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY -7 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000068338

1. Corporation Name

JOHN DARELL INVESTMENTS, INC.

2. Principal Office Address

18221 LEETANA RD.

3. Mailing Office Address

18221 LEETANA RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. FT. MYERS FLORIDA

City & State

N. FT. MYERS FLORIDA

Zip

33917

Country

LEE

Zip

33917

Country

LEE

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/01/02

5. FEI Number
72-1552086

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

TIM TILLMAN

Street Address (P.O. Box Number is Not Acceptable)
18221 LEETANA RD.

Suite, Apt. #, Etc.

City

N. FT. MYERS

REINSTATEMENT

100036515761
05/17/04--01060--010 **150.00
State Zip Code
FL 33917

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

Date 04/30/04

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
PRES	TIM TILLMAN	18221 LEETANA RD.	N. FT. MYERS, FL. 33917
VICE	JOHN MICHAEL WOODS	12151 BLASINGIM RD.	FT. MYERS, FL. 33912
SEC	JACQUELYN TILLMAN	18221 LEETANA RD.	N. FT. MYERS, FL. 33917

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

04/30/04

Date

239-707-4464

Daytime Phone #

CR2E081 (01/04)