

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 11:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000082641

1. Corporation Name

DAC KITCHEN & BATH DESIGN, INC.

Principal Place of Business

Mailing Address

1191-A NORTH EGLIN PARKWAY, PMB 173
SHALIMAR FL 32579

1191-A NORTH EGLIN PARKWAY, PMB 173
SHALIMAR FL 32579

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

21 9TH AVE.

3. New Mailing Office Address, If Applicable

117 RAXETRACK RD, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 173

City & State

SHALIMAR FL

City & State

FT. WALTON BCH, FL

Zip

32579

Country

OKALOOSA

Zip

32547

Country

OKALOOSA



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/2002

5. FEI Number

51-0421917

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CRUMLY, DEAN A	1191-A NORTH EGLIN PARKWAY, PMB	SHALIMAR FL 32579
			200024517612 11/07/03--01079--019 **150.00

8. Name and Address of Current Registered Agent

CRUMLY, DEAN A
21 NINETH AVE
SHALIMAR FL 32579

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date 11-04-03

REGISTERED AGENT MUST SIGN

11. 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

DEAN A CRUMLY

11-04-03 (850) 609-5508

Date

Daytime Phone #

CR2E040 (7/03)

Nov. 04, 2003

DAC Kitchen & Bath Design, Inc.
117 Racetrack Road NW
PMB 173
Fort Walton Beach, Florida 32547

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida

To Whom It May Concern:

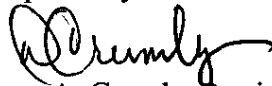
Enclosed please find our completed application for reinstatement along with our check for \$150.00.

We respectfully request a waiver of the late filing fee because we never received the original form which would have required a payment of only \$150.00 instead of \$600.00. If we had received the original form we would have paid the \$150.00 at that time.

It is possible that the reason for our not receiving the original form is that our mailing address had changed from what is on the Notice of Administrative Dissolution or Revocation form. We filled out the appropriate change of address form in a timely manner at the Shalimar, FL Post Office, but we failed to receive the original form.

I am

Respectfully Yours



Dean A. Crumly, President