

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 10 AM 8:00

DOCUMENT # P02000096694

1. Corporation Name

D29R, INC.

2. Principal Office Address

3652 Tamiami Trail No.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite #112

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Zip

34103

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

September 3, 2002

5. FEI Number

56-2404352

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03-04  
MRS

**7. Name and Address of Current Registered Agent**

Name

Calvin R. Cantrell

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

3652 Tamiami Trail North

Suite, Apt. #, Etc.

Suite #112

City

Naples

State

FL

Zip Code

34103

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

*Cal R. Cantrell*

Date May 4, 2004

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
PD	Calvin R. Cantrell	3652 Tamiami Trail North #112	Naples, FL 34103

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:

*Cal R. Cantrell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/07

Date

239-644-6660

Daytime Phone #

CR2E061 (01/04)