

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000100838

1. Corporation Name

DANIEL MOOREHEAD, INC.

Principal Place of Business

20 LAUREL OAKS DRIVE
APT# 211
WINTER SPRINGS FL 32708

Mailing Address

20 LAUREL OAKS DRIVE
APT# 211
WINTER SPRINGS FL 32708

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/2002

5. FEI Number

223871339

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	MOOREHEAD, DANIEL J	20 LAUREL OAKS DRIVE APT# 211	WINTER SPRINGS FL 32708
V	MOOREHEAD, DENNIS F	25 MICHIAL'S CT. APT# 302	WINTER SPRINGS FL 32708
V	CARPENTER, JACOB	20 LAUREL OAKS DRIVE APT# 211	WINTER SPRINGS FL 32708

300024637243
11/13/03--01044--025 **160.00

8. Name and Address of Current Registered Agent

MOOREHEAD, DANIEL J
20 LAUREL OAKS DRIVE
APT# 211
WINTER SPRINGS FL 32708

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

REGISTERED AGENT MUST SIGN

Date

10-14-03

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:

DANIEL J. MOOREHEAD President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-03 407-921-9843

Daytime Phone #

To The Division of Corporations:

I am enclosing this letter in reference to my Corporation Daniel Moorehead, Inc which was opened September 18, 2002, fein# 223871339 was revoked as of September 19,2003. I never received my paperwork for my annual report/uniform business report, I have enclosed a check for the reinstatement amount of 160.00.

Thank you Kindly

A handwritten signature in cursive script, appearing to read "Daniel Moorehead".