

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 21 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118903

1. Corporation Name

D & A Inc.

2. Principal Office Address - No P.O. Box #

2380 West 45th St

Suite, Apt. #, etc.

3. Mailing Office Address

2380 West 45th St

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32209

Country

Dursl

City & State

Jacksonville, FL

Zip

32209

Country

Dursl

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David Fulton III

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

2380 West 45th St

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32209

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 5/18/09

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
D	David Fulton III	2380 West 45th St	Jacksonville, FL 32209
D	Tony Young	2380 West 45th St	Jacksonville, FL 32209
D	Terri Lee	2380 West 45th St	Jacksonville, FL 32209

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 contained in Chapter 119, 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

5/18/09 (904) 307-1971

Date

Daytime Phone #

JCS/22