

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 SEP 12 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P02000133714

1. Corporation Name

DAPRSG LANDHOLDING, INC.

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

1724 GULF TO BAY BLVD.

3. Mailing Office Address

1724 GULF TO BAY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER

Zip
33755

Country
US

Zip
33755

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

2002

5. FEI Number

593717784

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
DAVID A. PAPA

Street Address (P.O. Box Number is Not Acceptable)
1724 GULF TO BAY BLVD

Suite, Apt. #, Etc.

City
CLEARWATER

State
FL

Zip Code
33755

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

David A. Papa

REGISTERED AGENT MUST SIGN

Date 8-31-07

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	R. STANLEY GIPE	1724 GULF TO BAY BLVD	CLEARWATER, FL 33755
D	DAVID A. PAPA	1724 GULF TO BAY BLVD	CLEARWATER, FL 33755

400109379874
09/12/07-01042-012 **\$800.00

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:

R. Stanley Gipe

R. STANLEY GIPE

8-31-07

727-461-4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/13/07