

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 21 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000142706

1. Corporation Name

DARREN FELSOT & ASSOCIATES CORP.

2. Principal Office Address

17590 155th TRL North

3. Mailing Office Address

17590 133rd TRL North

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Jupiter, FL

City & State

Zip

33418

Country

Palm Beach

Zip

33478

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

DEC 1, 2003

5. FEI Number

52-2419024

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc

City

Tallahassee

State
FL

Zip Code
32301

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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date 11/21/2006

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	Darren Felsot	17590 133rd TRL North	Jupiter, FL 33478

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:

Darren Felsot

Darren Felsot

11.9.05

Date

561-222-9780

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

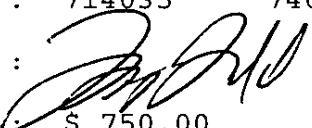
M. Williams NOV 21 2006



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 714035 7409959

AUTHORIZATION : 

COST LIMIT \$ 750.00

ORDER DATE : November 18, 2005

ORDER TIME : 10:42 AM

ORDER NO. : 714035-005

CUSTOMER NO: 7409959

DOMESTIC FILINGS

NAME: DARREN FELSOT & ASSOCIATES
CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____

RECEIVED
05 NOV 21 PM 12:49
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA