

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 30 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000003913

1. Corporation Name

DUNGEY LATHING, INC.

2. Principal Office Address - No P.O. Box #
2014 CRILL AVENUE

Suite, Apt. #, etc.

City & State

PALATKA, FLORIDA

Zip
32177

Country
USA

3. Mailing Office Address
2014 CRILL AVENUE

Suite, Apt. #, etc.

City & State

PALATKA, FLORIDA

Zip
32177

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 01/05/2004

5. FEI Number
20-0543544

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
JOHN DUNGEY

Street Address (P.O. Box Number is Not Acceptable)
2014 CRILL AVENUE

Suite, Apt. #, Etc.

City
PALATKA

State
FL

Zip Code
32177

☒ 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

John Dungey

REGISTERED AGENT MUST SIGN

Date 3/25/09

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
PRES	DUNGEY, JOHN	2014 CRILL AVENUE	PALATKA, FLORIDA 32177

3/31

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03/30/09--01048--012 **300.00

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:

John Dungey

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/09

Date

(386) 937-9928

Daytime Phone #