

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000028418**

1. Corporation Name

Gary and Heather McDaniel, Inc.

2. Principal Office Address - No P.O. Box #
2940 E. LK. Hartridge Dr.

3. Mailing Office Address
2940 E. LK. Hartridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33881

Country

USA

Zip

33881

Country

USA

7. Name and Address of Current Registered Agent

Name

Heather K. McDaniel

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

2940 E. LK. Hartridge Dr

Suite, Apt. #, Etc.

Winter Haven, FL

City

State

FL

Zip Code

33881

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

Heather K. McDaniel

REGISTERED AGENT MUST SIGN

Date **8/30/09**

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.	Gary McDaniel	2940 E. LK. Hartridge Dr.	Winter Haven, FL 33881
VP	Heather McDaniel	2940 E. LK. Hartridge Dr.	Winter Haven, FL 33881

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:

Heather K. McDaniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/30/09

Daytime Phone #

863-294-8980

863-224-5901

FILED

09 SEP -2 AM 10: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000159515100
08/12/09--01037--006 **450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida **2/11/2004**

5. FEI Number
200732402

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.