

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 28 AM 9:00

DOCUMENT # *P0400041629*

1. Corporation Name

*Day / Night Service, Incorporated*

REINSTATEMENT 05-06

400082099894

11/28/06--01033--005 \*\*308.75

2. Principal Office Address

*32114  
356 Pleasant St D.B. FL*

3. Mailing Office Address

*P.O. Box 567, Daytona Beach FL  
32115-0567*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Daytona Beach FL*

City & State

*Daytona Beach FL*

Zip

Country

*32114*

*USA*

Zip

Country

*32115-0567*

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*2/26/04*

5. FEI Number

*92-0180681*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

*Harold P. Simpson*

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

*356 Pleasant St*

Suite, Apt. #, Etc.

City

*Daytona Beach FL 32114*

State

*FL*

Zip Code

*32114*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*11/20/06*

**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
<i>P</i>	<i>Harold P. Simpson II</i>	<i>521 Cannon St</i>	<i>Daytona Beach FL 32114</i>
<i>St</i>	<i>Harold P. Simpson</i>	<i>356 Pleasant St</i>	<i>Daytona Beach FL 32114</i>

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Harold P. Simpson*

Date

*11/20/06*

Daytime Phone #

*1384*

*334-7957*

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**Harold P. Simpson  
D/b/a Day /Night Services  
356 Pleasant Street  
Daytona Beach, FL 32114  
(386) 334-7957**

**Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

To Whom It May Concern:

Day/Night Services did not receive the annual report notices that were sent in 2005, the year of dissolution. We request the fees be waived for reinstatement and new forms are mailed so that we can bring all records current.

Harold P. Simpson  
Day/Night Services

 11/20/06