

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -6 AM 11:38

DOCUMENT # P04000073237

1. Corporation Name

Drake Island Construction and  
Remodeling Inc.

REINSTATEMENT 05-06

2. Principal Office Address

5519 Commerce Dr

3. Mailing Office Address

5519 Commerce Dr

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

ORLANDO

City & State

Florida

Zip

32839

Country

USA

Zip

32859

Country

USA.

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 3 2004

5. FEI Number

20-1172294

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

Russell C Wornick

000082322660

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

620 LILLIAN Dr

12/05/06 01030 027 \*\*300 00

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32806

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

*Russell Wornick*

REGISTERED AGENT MUST SIGN

Date 12-05-06

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
P.T.	Russell C. Wornick	620 LILLIAN Dr ORL FL. 32806	ORLANDO FL. 32806
VP.S	Michelle K. Wornick	620 LILLIAN Dr	ORLANDO FL. 32806

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:

*Russell Wornick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-05-06

Date

407-240-8126

Daytime Phone #

**DRAKE**  
*Island*  
CONSTRUCTION & REMODELING

5519 Commerce Dr.  
Suite # 1  
Orlando, FL  
32839  
Office: 407-240-3126  
Fax: 407-888-0554

12-5-06

Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL  
32314

Dear Sirs,

We have not received a notice for renewal/ reinstatement for the corporation yr 2005/ 2006  
Drake Island Construction & Remodeling Inc.  
Please waive any fees/ late notices.  
Please find enclosed a check for \$300.00 for reinstatement.

Thank You,



Russell C. Wornick