

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB 15 AM 9:43

DOCUMENT # P05000034188

1. Corporation Name

DCODISC, INC.

REINSTATEMENT //

20217

200194263272  
02/15/11--01030--005 \*\*750.00

2. Principal Office Address - No P.O. Box #

307 SANTANDER CT.

3. Mailing Office Address

307 SANTANDER CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

Zip

33950

Country

USA

Zip

33950

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/04/2005

5. FEI Number  
202468316

☐ 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

DAVID C. ORLOWSKI

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

307 SANTANDER CT.

Suite, Apt. #, Etc.

City

PUNTA GORDA,

State

FL

Zip Code

33950

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

X

REGISTERED AGENT MUST SIGN

Date

2/10/11

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/D	DAVID C. ORLOWSKI	307 SANTANDER CT.	PUNTA GORDA, FL 33950
D	DIANA COE	6610 CALDECOTT DRIVE	NAPLES, FL 34113
D	TOM COE	6610 CALDECOTT DRIVE	NAPLES, FL 34113

10. E-mail Address: delta1227@comcast.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X

DAVID C. ORLOWSKI

2/10/11

941/575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7953