

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000114569

1. Corporation Name

D & S MANAGEMENT AND CONSULTING INC.

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

13887 GAVIN RD

3. Mailing Office Address

13887 GAVIN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DOVER FL

City & State

DOVER FL

Zip

33527

Country

USA

Zip

33527

Country

USA

REINSTATEMENT 08-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2006

5. FEI Number

205504161

☐ 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

ADKINS DONALD

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

13887 GAVIN RD

Suite, Apt. #, Etc.

City

DOVER

State

FL

Zip Code

33527

000183133870
07/09/10--01035--016 **1050.00

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

Date 07/06/2010

REGISTERED AGENT MUST SIGN

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	ADKINS, DONALD	13887 GAVIN RD	DOVER/FL/33527
VP,D	ADKINS, STACEY	13887 GAVIN RD	DOVER/FL/33527

10. E-mail Address: DONNYADKINS@HOTMAIL.COM

(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., 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.

SIGNATURE:

07/06/2010 813-731-4603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/2010