

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 26 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000062927

1. Corporation Name

Dailey Construction Group, Inc.

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

1011 Clarellen Drive

Suite, Apt. #, etc.

City & State

Fort Myers

Zip

FL

Country

33919

3. Mailing Office Address

1011 Clarellen Drive

Suite, Apt. #, etc.

City & State

Fort Myers

Zip

FL

Country

33919

45 1027

REINSTATEMENT 08-09

4. Date Incorporated or Qualified To Do Business in Florida **May 29, 2007**

5. FEI Number
74-3228657

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
John W. Dailey

Street Address (P.O. Box Number is Not Acceptable)
1011 Clarellen Drive

Suite, Apt. #, Etc.
Fort Myers

City
Florida

State
FL

Zip Code
33919

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.

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

John W. Dailey

REGISTERED AGENT MUST SIGN

Date 10/22/09

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
P/T/D	John W Dailey	1011 Clarellen Drive	Fort Myers, FL 33919
S	Ann Marie Dailey	1011 Clarellen Drive	Fort Myers, FL 33919

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10/26/09--01054--013 **300.00

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:

John W. Dailey

John W Dailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/09

Date

239-985-9654

Daytime Phone #