PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 MAR -5 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000049383

1. Corporation Name
D. Flocks, Incorporated

REINSTATEMENT 11-12
CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1029 W. Townsend St.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Avon Park	City & State: Florida
Zip: 33825 Country: US	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5/29/2009

5. FEI Number: 270298338 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Annual Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Dennis L. Johns
Street Address (P.O. Box Number is Not Acceptable): 1029 W. Townsend Street
Suite, Apt. #, Etc.:
City: Avon Park State: FL Zip Code: 33825

200222960972
02/24/12--01042--003 **300.00

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: 2-10-12
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
Pres/ Owner	Dennis L. Johns	790 Dunckels Ave.	Avon Park, FL 33825

$69 3/5
Reinstatement fee waived due to a clerical error when our office filed the 2010 AR. 8/5/12

10. E-mail Address: _____
(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: _____ 2-10-12 863-381-1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #