

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUN 13 PM 4:55


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900104320539  
06/13/07--01032--011 \*\*2100.00

REINSTATEMENT

CR2E081 (1/07)

98-07

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P92000010302

1. Corporation Name

DANIEL AND GAIL CARSON, INC.

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

1424 S. Riverside

Suite, Apt. #, etc.

City & State

Indialantic, Florida

Zip

32903

Country

US

3. Mailing Office Address

1424 S. Riverside

Suite, Apt. #, etc.

City & State

Indialantic, Florida

Zip

32903

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1992

5. FEI Number

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  
Daniel D. Carson

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

1424 S. Riverside Drive

Suite, Apt. #, Etc.

City

Indialantic

State

FL

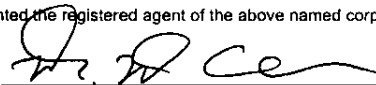
Zip Code

32903

☐ 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



Date 6/8/2007

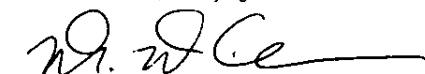
REGISTERED AGENT MUST SIGN

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
PS	Daniel D. Carson	1424 S. Riverside Drive	Indialantic, FL 32903

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/2007

Date

Daytime Phone #

6/13/07