

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # P93000049191
1. Corporation Name
 CDL of Daytona Inc

FILED
 05 AUG 15 PM 3:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Office Address 806 mason Ave		3. Mailing Office Address 806 mason Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Beach, FL		City & State Daytona Beach, FL	
Zip 32117	Country USA	Zip 32117	Country USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida 9/12/95		Applied For Not Applicable
5. FBI Number 59-3190953		
6. CERTIFICATE OF STATUS DESIRED ☐ \$275		

7. Name and Address of Current Registered Agent	
Name Alex P. Loyd	700052509237
Street Address (P.O. Box Number is Not Acceptable) 3747 Longford Cir	08/15/05--01053--004 \$450.00
Suite, Apt. #, Etc.	
City Ormond Beach	State Zip Code FL 32174

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

Alex P. Loyd

Date 8-11-05

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	Alex P Loyd	3747 Longford Cir	Ormond Beach, FL 32174

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 taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(2)(g), 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:

Alex P. Loyd

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

8-11-05

Date

Daytime Phone #

207
August 11, 2005

*To: Florida Department of State
Corporate Reinstatement*

From: CDL OF DAYTONA, INC.

Document # P93000049191

FEN # 593190953

Registered Agent: Alex P. Loyd

*3747 Longford Circle
Ormond Beach, Fl. 32174*

In the year 2002 we moved the business to 806 Mason Avenue Daytona Beach Fl. 32117. The Department of State changed our principal address, but did not change our mailing address. We have not received a renewal notice since the year 2002. Please change our mailing address to 806 Mason Avenue Daytona Beach, Fl. 32117. I am sending a Corporate Reinstatement form with the \$450.00 to bring the corporation up to date.

Sincerely,
Alex P. Loyd

