

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 PM 1:55

DOCUMENT # P93000083894

1. Corporation Name
D.R. ULLIMAN, INC.

2. Principal Office Address
3501 BALLY BRIDGE CIRCLE

Suite, Apt. #, etc.
#203

City & State
BONITA SPRINGS, FL.

Zip
34134

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip
Country

REINSTATEMENT

03-05

4. Date Incorporated or Qualified
To Do Business in Florida 12-02-1993

5. FEI Number
65-0456874

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
DONALD R ULLIMAN

Street Address (P.O. Box Number is Not Acceptable)
3501 BALLY BRIDGE CIRCLE

Suite, Apt. #, Etc.
#203

City
BONITA SPRINGS

State
FL

Zip Code
34134

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

Donald R Ulliman

Date 03-04-05

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
PSTD	DONALD R ULLIMAN	3501 BALLY BRIDGE CIRCLE #203	BONITA SPRINGS, FL., 34134

600048160746
03/17/05--01002--003 **1050.00

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 under section 119.07(3)(i), 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:

Donald R Ulliman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-04-05

Date

(239) 944-0996

Daytime Phone #

CR2E081 (01/05)