

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JAN 12 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800140379418
01/12/09--01064--015 **1800.00

REINSTATEMENT 02-09

DOCUMENT # P94000025248

1. Corporation Name

DENCO OF CENTRAL FLORIDA CORP.

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

36836 Wolf Court

3. Mailing Office Address

36836 Wolf Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eustis, Florida

City & State

Eustis, Florida

Zip

32736

Country

US

Zip

32736

Country

US

4. Date Incorporated or Qualified
To Do Business In Florida

04/01/1994

5. FEI Number
593284413

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
Shipley Law Firm

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

Suite, Apt. #, Etc.
Not applicable

City
Mount Dora

State
FL

Zip Code
32757-9541

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

Christopher J. Shipley
Christopher J. Shipley

Date 01/08/2009

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
D	John A. Dent	Cartref Cottage, Stoney Cross,	Lyndhurst, Hants, England, U.K. SO43 7GP
D	Sarah J. Dent	Cartref Cottage, Stoney Cross,	Lyndhurst, Hants, England, U.K. SO43 7GP
D	Matthew J. Dent	Cartref Cottage, Stoney Cross,	Lyndhurst, Hants, England, U.K. SO43 7GP

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:

Christopher J. Shipley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christopher J. Shipley

01/08/09

Date

352-383-3397

Daytime Phone #

1/14/09