

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
97
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN -8 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000031940**

1. Corporation Name

D & G COMPANY OF S.W. FLORIDA, INC.

Principal Place of Business

Mailing Address

~~5880 12TH AVE NW
NAPLES FL 33999~~

~~5880 12TH AVE NW
NAPLES FL 33999~~

**27228 GASPARIWA DR
BOVITA SPRINGS 34135**

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

27228 GASPARIWA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOVITA SPRINGS

City & State

City & State

FL

SAME

Zip

Zip

Country

Country

34135

REINSTATEMENT **AD 1/8**

4. Date Incorporated or Qualified
To Do Business In Florida

04/25/1994

5. FEI Number

65-0498946

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SIMMONS, GARY L	5880 12TH AVE NW	NAPLES FL 33999
D	GROSE, DONNA J DELETE	5880 12TH AVE NW	NAPLES FL 33999
			200002398182--0
			-01/13/98--01039--026
			*****750.00 *****750.00

8. Name and Address of Current Registered Agent

**SIMMONS, GARY L
5880 12TH AVE NW
NAPLES FL 33999**

9. Name and Address of New Registered Agent

Name

GARY SIMMONS

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

27228 GASPARIWA DR

Suite, Apt. #, Etc.

City

BOVITA SPRINGS

State

FL

Zip Code

34135

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **12-31-97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-31-97

(941) 9478274

CR2E040 (8/97)