

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY 22 AM 7:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~980005694649-5~~  
~~06/06/02-01054-017~~  
~~\*\*\*1050.00 \*\*\*900.00~~

**REINSTATEMENT**

00.62

**DOCUMENT #**

1. Corporation Name

DG Co SW FCA INC

P94000031940

2. Principal Office Address

27228 GASPARILLA DE.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOVITA FL

City & State

Zip

34135

Country

LEE

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4-25-94

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. Name and Address of Current Registered Agent**

Name

GARY SIMMONS

900005694649-5

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

27228 GASPARILLA DE.

06/06/02-01054-017

\*\*\*1050.00 \*\*\*1050.00

Suite, Apt. #, Etc.

City

BOVITA SPRGS.

State

FL

Zip Code

34135

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

REGISTERED AGENT MUST SIGN

Date 4-2-02

**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

PRES

GARY SIMMONS

27228 GASPARILLA DE

BOVITA FL 34135

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

Date

941 860 2387

Daytime Phone #

CR2E081 (9/01)