

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 21 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072308

1. Corporation Name

DGCF II, INC.

2. Principal Office Address

549 POPE AVENUE, N.W.

Suite, Apt. #, etc.

City & State

WINTER HAVEN FLORIDA

Zip

33880

Country

POLK

3. Mailing Office Address

P.O. BOX 7530

Suite, Apt. #, etc.

City & State

WINTER HAVEN FLORIDA

Zip

33883

Country

POLK

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
59-3271697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-09

7. Name and Address of Current Registered Agent

Name

MARK E. SCHREIBER

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

549 POPE AVENUE, N.W.

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33880

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

4/15/04

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	MARK E. SCHREIBER	549 POPE AVENUE, N.W.	WINTER HAVEN, FL 33880

300033165823
04/20/04--01060--011 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK E. Schreiber 4/15/04 863 291-0791

CR2E081 (01/04)