

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000000796

Entity Name: DALE PROPERTIES, INC.

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

ELLA MAE SMITH  
12694 NORTH BOULEVARD  
TAMPA, FL 33612 US

**New Principal Place of Business:**

ELLA MAE SMITH  
57 BELLS OF IRELAND CT  
HOMSASSA, FL 34446 US

**Current Mailing Address:**

ELLA MAE SMITH  
P.O. BOX 280116  
TAMPA, FL 33682

**New Mailing Address:**

ELLA MAE SMITH  
57 BELLS OF IRELAND CT  
HOMSASSA, FL 34446 US

FEI Number: 59-3286754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, ELLA M  
12694 NORTH BOULEVARD  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

SMITH, ELLA M  
57 BELLS OF IRELAND CT  
HOMOSASSA, FL 34446 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELLA M SMITH

03/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: SMITH, ELLA MAE  
Address: 57 BELLS OF IRELAND CT  
City-St-Zip: HOMOSASSA, FL 34446

Title: VD  
Name: SMITH, EUGENE  
Address: 57 BELLS OF IRELAND CT  
City-St-Zip: HOMOSASSA, FL 34446

Title: SD  
Name: SMITH, BARBARA  
Address: 14494 OLD HUNTER ROAD  
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELLA M SMITH

PRES

03/01/2011

Electronic Signature of Signing Officer or Director

Date