PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

97 NR

FILED
97 NOV -5 AM 10:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000005532

1. Corporation Name

DCD ENTERPRISES OF MANASOTA INC

Principal Place of Business	Mailing Address
~~4525-A BEE RIDGE RD~~ ~~SARASOTA FL 34233~~ D.C.D. ENTERPRISES OF MANASOTA 3100 JENNINGS DR SARASOTA, FL 34239 (813) 925-3983	~~4525-A BEE RIDGE RD~~ ~~SARASOTA FL 34233~~ D.C.D. ENTERPRISES OF MANASOTA 3100 JENNINGS DR. SARASOTA, FL 34239 (813) 925-3983

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/12/1995

5. FEI Number: 65-0547507 ☐ 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	DAVIS, DANIEL C	3100 JENNINGS ST	SARASOTA FL 34239

900002341979--0
-11/07/97--01104--005
****165.00 ****165.00

8. Name and Address of Current Registered Agent

DAVIS, DANIEL C
3100 JENNINGS ST
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/97)

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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 #

Nov. 3, 1997 (2)

To Whom it may concern;

On Oct 31 I had a conversation with an associate of Dept of State. She asked me to mail in as a renewal w/ a brief note.

Aug 96 my husband and myself took over all accounting work for this business, we left on bad terms with accountant. Due to our ignorance we had no idea a renewal was necessary, and the 3 renewals were sent to the X accountant. Just Thursday did he decide to send this info. Around November 96 I wrote a letter to Dept of State with a change of address and a request of documentation that we were indeed a corp. A reply was sent to the correct address 3100 Fleming Dr. Sara, Fl. 34239 to assume us we were incorporated. You also have correct address for Officer/Director for my husband.

So I hope we can resolve this without having to reply. I apologize for our mistake.

Thankyou,

Stephanie Davis