

Facsimile Audit No.: H08000077139 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 MAR 26 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000006853

1. Corporation Name

DILLON CORPORATION

2. Principal Office Address - No P.O. Box #

110 NORTH 11th STREET

Suite, Apt. #, etc.

2nd FLOOR

City & State

TAMPA, FLORIDA

Zip

33602

Country

USA

3. Mailing Office Address

110 NORTH 11th STREET

Suite, Apt. #, etc.

2nd FLOOR

City & State

TAMPA, FLORIDA

Zip

33602

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 23, 1995

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN N. GIORDANO, ESQ.

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

1801 N. HIGHLAND AVENUE

Suite, Apt. #, Etc.

City

TAMPA, FLORIDA

State

FL

Zip Code

33602

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date MARCH 25, 2008

REGISTERED AGENT MUST SIGN

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
PD	CODY F. DAVIS	110 NORTH 11th STREET, 2nd FL.	TAMPA, FLORIDA 33602
VP	JAMES O. DAVIS, III	110 NORTH 11th STREET, 2nd FL.	TAMPA, FLORIDA 33602

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 contained in Chapter 119, 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:

CODY F. DAVIS

3/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : BUSH ROSS, P.A.
Account Number : I19990000150
Phone : (813) 224-9255
Fax Number : (813) 223-9620

(please file with #08000077134 3)

Binder # 1 - 2130.1

CORPORATION REINSTATEMENT

DILLON CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00

should be \$1950.00

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Corporate Filing Menu

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