

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JUL 20 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000006957

1. Corporation Name

DLD Services, Inc

REINSTATEMENT

97-2004  
KRC  
7/27

2. Principal Office Address

3322 US. 90 West

3. Mailing Office Address

3322 US. 90 West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, Fla

City & State

Lake City, Fla

Zip

32055

Country

USA

Zip

32055

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/94

5. FEI Number

593283603

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

Darwin L. Deland SR

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

Rt 3 Box 114

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32025

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

[Signature]

Date

7/1/04

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
P/D	<u>Darwin L. Deland SR</u>	<u>Rt 3 Box 114</u> <del>Lake City</del>	<u>Lake City, Fla 32025</u>
V/D	<u>Amela S. Deland</u>	<u>Rt 3 Box 114</u> <del>Lake City</del>	<u>Lake City, Fla 32025</u>
T/D	<u>Clayton Buchanan</u>	<u>P.O. Box 118</u>	<u>O'brian, Fla 32071</u>
S/D	<u>Darwin L. Deland III</u>	<u>Rt 3 Box 114</u>	<u>Lake City, Fla 32025</u>

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darwin L Deland SR

Date

7/1/04

Daytime Phone #

(386) 755-2502

CR2E081 (01/04)