

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 24 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000037209**

1. Corporation Name
BARDAN CORP.

2. Principal Office Address
905 SE 87TH STREET

Suite, Apt. #, etc.

City & State
OCALA, FL

Zip
34480

Country
USA

3. Mailing Office Address
905 SE 87TH STREET

Suite, Apt. #, etc.

City & State
OCALA, FLA

Zip
34480

Country
USA

REINSTATEMENT 03-04
900039950909
08/06/04--01053--005 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida **05/08/1995**

5. FEI Number
650579068

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
W. RODGERS MOORE

Street Address (P.O. Box Number is Not Acceptable)
1900 GLADES ROAD

Suite, Apt. #, Etc.
SUITE 401

City
BOCA RATON

State
FL

Zip Code
33431

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

8/23/04

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	DANIEL E. MOFFITT	905 SE 87TH STREET	OCALA, FL 34480

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 #

DANIEL E. MOFFITT, Pres

CR2001 (01/04)