

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 14 PM 2:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PO5000081192**

1. Corporation Name

Daytonas Comer, INC.

2. Principal Office Address

732 mason Ave

Suite, Apt. #, etc.

N/A

City & State

Daytona Beach FL

Zip

32114

Country

Volusia

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT **98.00**

4. Date Incorporated or Qualified To Do Business in Florida

10/19/95

5. FEI Number

59 3343120

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

Charon Ohnona

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

2600 W. Peninsula Dr.

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

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***1050.00 ***1050.00

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

8/8/00

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	Peter Larusa	732 mason Ave	Daytona Beach, FL 32114
VP	Charon Ohnona	2600 Peninsula Dr	Daytona Beach, FL 32118
T	Paul Merik	732 mason Ave	Daytona Beach, FL 32114

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

8/8/00

Daytime Phone #

904-677-2169

CR2E081 (9/99)