PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -2 AM 9: 16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000066029

1. Corporation Name

DARIAN & ASSOCIATES, INC

REINSTATEMENT 01-04

S000280577935
02/02/04--01092--017 **1200.00

2. Principal Office Address

4203 N LAUBER WAY #3

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip | Country

3. Mailing Office Address

2513 W. WATROUS AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip | Country
33629

4. Date Incorporated or Qualified To Do Business in Florida   8-5-1996

5. FEI Number   59-3431943 | 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
DARIAN PETRUCCI-BYERS

Street Address (P.O. Box Number is Not Acceptable)
2513 W. WATROUS AVE

Suite, Apt. #, Etc.

City
TAMPA

State | Zip Code
FL | 33629

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 _____
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	DARIAN PETRUCCI-BYERS	2513 W. WATROUS AVE	TAMPA, FL 33629

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: _____   1/22/04   813-872-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (10/02)