

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 18 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000004190

1. Corporation Name

D. A. Culley & Associates, Inc

2. Principal Office Address

1450 North U.S. 1

Suite, Apt. #, etc.

Suite 600

City & State

Ormond Beach, FL

Zip

32174

Country

USA

3. Mailing Office Address

1450 North U.S. 1

Suite, Apt. #, etc.

Suite 600

City & State

Ormond Beach, FL

Zip

32174

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/97

5. FEI Number

59-3422665

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

David A. Culley

500021646355

07/18/03--01071--005 **300

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

1450 North U.S. 1

Suite, Apt. #, Etc.

Suite 600

City

Ormond Beach

State

FL

Zip Code

32174

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

David A. Culley

Date 7-16-03

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
D, P	David A. Culley	1450 N. U.S. 1, Suite 600	Ormond Beh, FL 32174
VP, T	Beverly J. Culley	1450 N. U.S. 1, Suite 600	Ormond Beh, FL 32174
		02-03 UBR	T8

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:

David A. Culley

7-16-03

Date

386-677-2727

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2001 (10/02)


July 16, 2003

Department of Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Enclosed please find the application for reinstatement for D. A. Culley & Associates, Inc. Document #P97000004190. Also enclosed is check #2027 for \$300.00 for the years 2002 and 2003 as I did not receive renewal notification at our current address of 1450 North U.S. 1 Suite 600, Ormond Beach, FL 32174.

Thank you for your prompt attention to this matter as I would like to bring our corporate status current without further delay.

Sincerely,


Beverly Culley
Vice President