

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY -5 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PA7000036340  
Todd McDaniel Inc.  
1

2. Principal Office Address

12745 N. Main St.  
Suite, Apt. #, etc.

3. Mailing Office Address

12745 N. Main  
Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jax FL

Zip

32218

Country

Duval

Zip

32218

Country

Duval

4. Date Incorporated or Qualified  
To Do Business in Florida

5-9-7

5. FEJ Number

59-3440517

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

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

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32226

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

*Todd McDaniel*  
REGISTERED AGENT MUST SIGN

Date

4-29-04

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
Pres	Todd McDaniel	17015 Dorado Circle	Jax FL 32226

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:

*Todd McDaniel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-29-04

Daytime Phone #

9046969999

03-04

CR2E081 (01/04)

20P2

April 30, 2004

To whom it may concern:

I spoke to Barbara on the phone and since we had a mail issue she stated to send this amount and a letter. The letter was to please waive the late fee because we moved and the mail did not get to us. We are truly sorry of this. Please change our address and please forgive. If you have any questions please call Todd at (904) 696-9999

Thanks for your understanding

A handwritten signature in black ink, appearing to read "Todd McDaniel", with a stylized, flowing script.

Todd McDaniel