PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris FOR** Secretary of State EITED REINSTATEMENT DIVISION OF COMPORATIONS DOCUMENT # P97000699716 (7) 99 NOV 21/ PN 5: 15 D'RILEYS EAST INC. SECLERATA DE STATE TALLAMASA EL PLOMÍDA Print pal Place of Business Mailing Address 3728 CREIGHTON RD SAME PENSACOUN, FL 32504 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2 New Finn cipal Office Address, If Applicable 3 New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite Apt #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 59-3472028 City & State Not Applicable Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip 3210 ADRIAN RD NANCY H. GALLOY PENSAWLA, FL 32514 . 1.1 PENSALOUR, FL 325 M 3310 ADRIAN RO 500003071245--4 -12/15/99--01069--008 ***\$900.00 ****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name NANCY H. GANDY Street Address (P.O. Box Number is Not Acceptable) 3310 ADRIAN RD PENSALOIA, FL Suite, Apt. #, Etc. 32514 State Zip Code 10 I being appointed the registered agent of the above partied corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent X REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) No 🗗 Yes 🔲 Intangible Personal Property Tax due June 30. 12 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR