

attachment 1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 APR 22 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-13-08 90032 015 \$150.00
600120588186
03/18/08--01012--003 **150.00

REINSTATEMENT 07-08^{KS}

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108341

1. Corporation Name

T. M. Dairydale, INC

2. Principal Office Address - No P.O. Box #

1039 NE 3rd St

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Zip

32601

Country

ALACHUA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/198

5. FEI Number

59-3481514

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

~~NAME - SAME - SET~~ Tim Dairydale

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

1039 NE 3rd Street

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32601

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

[Signature] J. McCall 21 Apr 08

Date 14 Apr 08

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
Pres	Timothy M. Dairydale	1039 NE 3 rd St	Gainesville FL 32601
VP	" "	" "	" "
Treas	" "	" "	" "
Sec	" "	" "	" "

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 contained in Chapter 119, 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

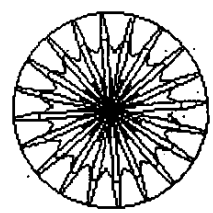
29 Feb 08

Date

352-359-5002

Daytime Phone #

T. M. Dalrymple, Inc.



April 14, 2008

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 323014

Ref.: Letter Number 408A00018200 from Sean Toner, Senior Section Administrator 3/27/08
Letter Number 808A00018594 from Tina D Cauley, Regulatory Specialist II 3/28/08
Both of these references are enclosed

Dear M. Toner and M. Cauley,

If I correctly understand your concerns, I believe that the issues raised in letter 408A00018200 are resolved in the attachments to letter number 808A00018594. As indicated I did not receive the renewal notice. I have confirmed this in the corporate reinstatement form and the balance due listed in this letter was in fact paid as noted in the letter number (and attachments) 408A00018200.

Please accept my apologies for any confusion caused by not filing the simultaneously.

Tim Dalrymple, President

Enclosures, referenced letters and their supporting documentation