

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 4:25

DOCUMENT # P98000014584

1. Corporation Name

DARE TO SOAR, INC.

Principal Place of Business

Mailing Address

4247 ALESBURY DR
JACKSONVILLE FL 32224

4247 ALESBURY DR
JACKSONVILLE FL 32224



REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3566419

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	JACKSON, WILLIE	4247 ALESBURY DR	JACKSONVILLE FL 32224

000003455390--9
-11/07/00--01074--021
****758.75 ****758.75

Bull

8. Name and Address of Current Registered Agent

JACKSON, WILLIE
4492 SOUTHSIDE BLVD STE 101
JACKSONVILLE FL 32246

9. Name and Address of New Registered Agent

Name Willie Jackson
Street Address (P.O. Box Number is Not Acceptable) 4247 Alesbury Drive
Suite, Apt. #, Etc.
City Jacksonville State FL Zip Code 32224

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Willie Jackson

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/17/2000

11. 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:

Willie Jackson Pros
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/17/2000

Daytime Phone # 877-810-0882