

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 15 AM 8:00

DOCUMENT # P98000017562

1. Corporation Name

Certified ESTATE PLANNING OF
DAYTONA, INC

REINSTATEMENT

03

000023820830

10/15/03--01063--001 **150.00

MRB

2. Principal Office Address

1227 Bel Aire DR

Suite, Apt. #, etc.

3. Mailing Office Address

1227 Bel Aire DR

Suite, Apt. #, etc.

City & State

DAYTONA Beach, FL

City & State

DAYTONA Beach, FL

Zip

32118

Country

USA

Zip

32118

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1998

5. FEI Number

59-3507952

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

A.M. Petker

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

1227 Bel Aire Dr

Suite, Apt. #, Etc.

City

DAYTONA Beach, FL

State

FL

Zip Code

32118

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

C. Michael Petker

Date

10/08/03

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	A.M. Petker	1227 Bel Aire DR	DAYTONA Beach FL 32118

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)(l), 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:

C. Michael Petker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/08/03

Daytime Phone #

386-258-7474

CR2E081 (10/02)

Certified Estate Planning of Daytona, Inc
1227 Bel Aire Dr.
Daytona Beach, Fl 32118
386-258-6003
Fax 386-248-1466

10/8/2003

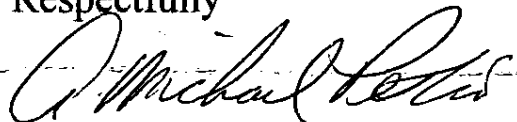
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Non receipt of Renewal Notice P98000017562

This letter is to attest I had not received a Renewal Notice from the State of Florida, Division of Corporations prior to the receipt of Notice of Administrative Dissolution or Revocation 10/08/2003.

Attached are my Corporation Reinstatement Form and a Check for \$150.00. Thank you for consideration in this matter.

Respectfully

A handwritten signature in cursive script, appearing to read "A. Michael Petker", written over a horizontal line.

A. Michael Petker