

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

99 NOV 1 PM 4:14

DOCUMENT # P98000024693

1. Corporation Name

D & A ENTERPRISES INC. OF LEE COUNTY

Principal Place of Business

2460 CHANDLER AVE
FT MYERS FL 33907

Mailing Address

2460 CHANDLER AVE
FT MYERS FL 33907

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1998

5. FEI Number

65-0821311

Applied For

Not Applicable

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
D	MCGONIGAL, DAVID	2460 CHANDLER AVE	FT MYERS FL 33907
P	FELIX AMABILE	2335 CRYSTAL DR	FT MYERS FL 33907

400003038544--3
-11/08/99-01116-008
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGONIGAL, DAVID
2460 CHANDLER AVE
FT MYERS FL 33907

Name FELIX AMABILE
Street Address (P.O. Box Number is Not Acceptable)
2335 CRYSTAL DR
Suite, Apt. #, Etc.

City FT MYERS State FL Zip Code 33907

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent X Felix Amabile

REGISTERED AGENT MUST SIGN

Date 10-29-99

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.

AD

SIGNATURE: X FELIX AMABILE Felix Amabile

10-29-99 941-211-9107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #