

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P98000036699

**1. Corporation Name**

Daniel P. Hess, Inc.

**2. Principal Office Address**

13465 N. Indian River Drive

Suite, Apt. #, etc.

City & State

Sebastian, FL

Zip

32958

Country

USA

**3. Mailing Office Address**

13465 N. Indian River Drive

Suite, Apt. #, etc.

City & State

Sebastian, FL

Zip

32958

Country

USA

REINSTATEMENT 03-05

T. Roberts MAY 26 2005

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/22/1998

**5. FEI Number**

650830449

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

Daniel P. Hess, Sr.

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

13465 N. Indian River Drive

Suite, Apt. #, Etc.

City

Sebastian

State

FL

Zip Code

32958

**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

REGISTERED AGENT MUST SIGN

Date

5/13/05

**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
Director	Daniel P. Hess, Sr.	13465 N. Indian River Drive	Sebastian, FL 32958

**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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/13/05 772-581-1989

Daytime Phone #

CR2E081 (01/05)