

FILED

00 DEC 27 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

DAISEY-LAND INC.

Principal Place of Business  
4408 THISTLEBERRY DRIVE  
MELBOURNE FL 32935

**Mailing Address**  
**4408 THISTLEBERRY DRIVE**  
**MELBOURNE FL 32935**

[illegible]

# REINSTATEMENT

2000

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

02/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City &amp; State

City &amp; State

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SWIHART, DAVID B	PO BOX 6166	KEY WEST FL 33041
VD	LEWIS, CHRISTOPHER A	4408 THISTLEBERRY DRIVE	MELBOURNE FL 32935
STD	KELLY, SHANNON DAWN	PO BOX 6166	KEY WEST FL 33041
			000003524060--5
			-01/04/01--01108--004
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

SWIHART, DAVID B  
4408 THISTLEBERRY DRIVE  
MELBOURNE FL 32935

Name \_\_\_\_\_

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

Suite, Apt. #, Etc. \_\_\_\_\_ **LS**

City _____	State <b>FL</b>	Zip Code _____ <small>99 99999</small>
------------	--------------------	--

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 \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

Date 12-20-2000

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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

0018854 AF