

P99000019550

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
FILED

05 MAY 25 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000019550

1. Corporation Name

DANIEL M. DARAGAN, P.A.

2. Principal Office Address

5205 SW 116 AVE.

Suite, Apt. #, etc.

City & State

Cooper City, FL

Zip
33330

Country

USA

3. Mailing Office Address

5205 SW 116 AVE.

Suite, Apt. #, etc.

City & State

Cooper City, FL

Zip

33330

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-2-99

5. FEI Number

65-0906906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-05

7. Name and Address of Current Registered Agent

Name

DANIEL M. DARAGAN

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

5205 SW 116 AVE.

Suite, Apt. #, Etc.

City

Cooper City

State
FL

Zip Code

33330

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5-20-05

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
PRE	DANIEL M. DARAGAN	5205 SW 116 AVE	Cooper City, FL
			33330

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:

DANIEL M. DARAGAN [Signature] 5-20-05 9544346520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)