

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 24 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000024306

1. Corporation Name

Dale A. Slabaugh & Associates, Inc.

2. Principal Office Address

5070 Tamarind Ridge

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/11/99

5. FEI Number

59-3567388

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

Jamie Slabaugh

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

5070 Tamarind Ridge Dr

Suite, Apt. #, Etc.

City

Naples

200004674722-4

-11/13/01--01004--012

\*\*\*\*150.00 \*\*\*\*150.00

State

FL

Zip Code

34119

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

*Jamie L. Slabaugh*  
REGISTERED AGENT MUST SIGN

Date

10/22/01

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
Dir.	Dale A. Slabaugh	5070 Tamarind Ridge	Naples, FL 34119
Dir.	Jamie Slabaugh	" " "	"

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:

*Dale A. Slabaugh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01

Date

(941) 353-8187

Daytime Phone #

CR2E081 (9/00)

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October 22, 2001

Florida Department of State  
Katherine Harris  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To whom it may concern,

I did not receive my annual notice to file my corporate annual report; nor did I receive my reminder notice to file this report. I am newly incorporated and apparently my accountant filed the report last year, taking it out of my hands the first year it was due. I had no recollection of the report being filed, or that a report was due annually.

I received notice of dissolution of my corporation for failure to file last week and called that office immediately. I was totally surprised to receive this notice; I did not know it was due.

I sincerely apologize for this oversight and will not let it happen again. Please accept my deep regret and allow me to reinstate my corporate standing with enclosed form and check in the amount that would have been due with the annual report form.

Sincerely,

*Dale A. Slabaugh*

Dale A. Slabaugh