

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 12 AM 8:00

DOCUMENT # **P99000024306**

1. Corporation Name

DALE A. SLABAUGH & ASSOCIATES INC.

REINSTATEMENT

03-04

Principal Place of Business

Mailing Address

5070 TAMARIND RIDGE DRIVE
NAPLES FL 34119

5070 TAMARIND RIDGE DRIVE
NAPLES FL 34119



MRS

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

03/11/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3567388

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	SLABAUGH, DALE A	5070 TAMARIND RIDGE DRIVE	NAPLES FL 34119
D	SLABAUGH, JAMIE A	5070 TAMARIND RIDGE DRIVE	NAPLES FL 34119

800039017350
07/12/04--01049--006 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SLABAUGH, JAMIE
5070 TAMARIND RIDGE DRIVE
NAPLES FL 34119

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Jamie L. Slabaugh Agent
Dale A. Slabaugh
REGISTERED AGENT MUST SIGN

Date **6/11/04**

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.

Dale A. Slabaugh President

SIGNATURE:

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

6/10/04

Date

Daytime Phone #

CR2E040 (7/03)