

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048334

1. Corporation Name

Dalyn Service Corporation

2. Principal Office Address

5628 Strand Blvd.

Suite, Apt. #, etc.

#B-5, Suite 108

City & State

NAPLES, FL

Zip

34110

Country

USA

3. Mailing Office Address

9853 N. Tamiami Trail

Suite, Apt. #, etc.

Suite 228

City & State

NAPLES, FL

Zip

34108

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** May 27, 1999

5. FEI Number
59-3582785

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
David Walker

Street Address (P.O. Box Number is Not Acceptable)
5628 Strand Blvd.

Suite, Apt. #, Etc.
#B-5, Suite 108

City
Naples

State
FL

Zip Code
34110

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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 4/30/04

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
P	Linda Walker	9853 N. Tamiami Trail, Suite 228	Naples, FL 34108
V	David Walker	9853 N. Tamiami Trail, Suite 228	Naples, FL 34108

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)(f), 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

4/30/04

Date

239-235-1148

Daytime Phone #

CR3E081 (01/04)