

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

03 NOV 24 AM 9:27

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **P99000050676**

1. Corporation Name

**DANIEL A. BATES & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

1501 WHITE CAP WAY  
 MELBOURNE FL 32935

1501 WHITE CAP WAY  
 MELBOURNE FL 32935



**REINSTATEMENT 03**

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

06/01/1999

Suite, Apt. #, etc.

1616 SW Pleasant Lane

Suite, Apt. #, etc.

1616 SW Pleasant Lane

City & State

Port St. Lucie Florida

City & State

Port St. Lucie Florida

Zip Country

34984

Zip Country

34984

5. FEI Number

65-0476183

Applied For

Not Applicable

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
P	BATES, DANIEL A	1501 WHITE CAP WAY 1616 SW Pleasant Lane	MELBOURNE FL 32935 Port St, Lucie Florida 34984

900024986589  
 11/24/03--01111--034 \*\*78.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BATES, DANIEL A  
 1501 WHITE CAP WAY  
 MELBOURNE FL 32935

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

CR2E040 (7/03)

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

*Daniel A. Bates* REGISTERED AGENT MUST SIGN

Date 11-18-03

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: *Daniel A. Bates* **Daniel A. Bates** 11-18-03 1-772-879-3297  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #