

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 10 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000067863

1. Corporation Name

DBRYAN, INC.

2. Principal Office Address

2932 SOUTH STATE RD 19

Suite, Apt. #, etc.

3. Mailing Office Address

2932 SOUTH STATE RD 19

Suite, Apt. #, etc.

City & State

FT. MCCOY, FL

City & State

FT. MCCOY, FL

Zip

32134

Country

MARION

Zip

32134

Country

MARION

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1999

5. FEI Number

59-3589553

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 12/10 03:04

7. Name and Address of Current Registered Agent

Name

DANIEL HICKS, ESQ

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

421 SOUTH PINE AVENUE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34474

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

12/08/04

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
PSD	DOROTHY BRYAN	2932 SOUTH STATE RD 19	FT. MCCOY, FL 32134

800043338118
12/10/04--01033--008 **500.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/06/2004

Date

386 467-2962

Daytime Phone #

CR2E081 (01/04)