

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -8 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

999000084784

1. Corporation Name

DON NAUMANN INC

REINSTATEMENT

02-04

200031280952

03/26/04--01079--010 **458.75

02-04

2. Principal Office Address

PO Box 1142

Suite, Apt. #, etc.

City & State

CRYSTAL BEACH, FL

Zip

34681

Country

FLORIDA

3. Mailing Office Address

PO Box 1142

Suite, Apt. #, etc.

City & State

CRYSTAL BEACH, FL

Zip

34681

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/1999

5. FEI Number

573399775

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

DON NAUMANN

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

512 MARGRAND AVE

Suite, Apt. #, Etc.

City

CRYSTAL BEACH

State

FL

Zip Code

34681

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

3/20/04

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
OWNER	DON NAUMANN	PO BOX 1142	CRYSTAL BEACH FL 34681

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/04

Daytime Phone #

727 7878324

CR2E081 (10/02)

Florida Department of State

Dear Mr. Jshivers;

I talked to you on 2/15 /04 about my corporation ,
Don Naumann Inc. and how it was inactive in status.
At that time I let you know that I did not know that I
had to pay every year \$150.00 to keep it active.

Enclosed is a check for \$450.00 to reinstate the
corporation. I also included The \$8.75 for certificate
of status. I would very much like to be notified every
year so this does not happen again. Can I be notified
when you reinstate my corporation?

Thank you.

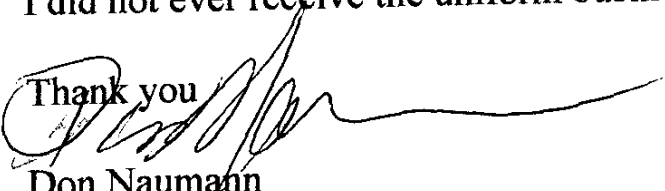

Don Naumann

Don Naumann
Crystal Beach, Fla.
DNlightning@sent.cm
Dnlightning.com

Florida department of state
Barbara Mitchell
Ref Number; p99000084784

I did not ever receive the uniform business report (UBA).

Thank you



Don Naumann
Don Nauman Inc.
