

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 17 AM 8:01

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **503998**

1. Corporation Name

DAVID TANNER AND ASSOCIATES, INC.

2. Principal Office Address

4354 Brooker Creek Dr.

3. Mailing Office Address

4354 Brooker Creek Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Palm Harbor, FL

City &amp; State

Palm Harbor, FL

Zip

34685

Country

Zip

34685

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/1990

5. FEI Number

59-3028671

Applied For

Not Applicable

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

REINSTATEMENT

04-08

## 7. Name and Address of Current Registered Agent

Name

David A Tanner

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

4354 Brooker Creek Dr.

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

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

Date 07/16/2008

REGISTERED AGENT MUST SIGN

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
Pres.	David A. Tanner	4354 Brooker Creek Dr	Palm Harbor, FL 34685

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:

David A. Tanner

07/16/2008

866-818-8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Per conversation with Mr. Tanner, initial notice to  
file 2004 AR not received. 12/17/08 A.D.

CR2ED01 (01/05)