

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 30 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200173689762
03/30/10--01028--018 **758.75

CR2E081 (11/09)

DOCUMENT # **SO 8515**

1. Corporation Name

DAYLIGHT PROPERTIES INC.

2. Principal Office Address - No P.O. Box #

415 Candewick Cir S

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 70

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

City & State

LEHIGH ACRES, FL

Zip

33936

Country

USA

Zip

33970-0070

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/90

5. FEI Number

593032765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Joylin JOHNSON

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

415 Candewick Cir S

Suite, Apt. #, Etc.

City

LEHIGH ACRES

State

FL

Zip Code

33936

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 **3-24-10**

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
President	PRUDENCIO ALVAREZ	17871 N. TAMiami Trl Lot # 20	N. Ft. Myers, FL 33903
V-P	DAVID WOODLAND	2940 43rd ST. SW	NAPLES FL 34116
S	ELIECER ALVAREZ	17871 N. TAMiami Trl Lot # 20	N. Ft. Myers, FL 33903

10. E-mail Address: **DLIGHTPROPERTIES@YAHOO.COM**
(To be used for future annual report notification)

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. I further certify, 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

3/23/10

Date

239 731-1856

Daytime Phone #