

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 APR 12 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #S84544**

**1. Corporation Name**

DAVID W. DARROW, D.C., P.A.

**2. Principal Office Address**

97 Tollgate Trail

Suite, Apt. #, etc.

City & State

Longwood

Zip

FL

Country

USA

**3. Mailing Office Address**

97 Tollgate Trail

Suite, Apt. #, etc.

City & State

Longwood FL

Zip

32750

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/30/1991

**5. FEI Number**

593083573

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

DAVID W. DARROW

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

97 Tollgate Trail

Suite, Apt. #, Etc.

100005419241-3

05/02/02-01011-012

\*\*\*308.75 \*\*\*308.75

City

Longwood

State  
FL

Zip Code

32750

**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

*David W. Darrow*  
REGISTERED AGENT MUST SIGN

Date

04/11/2002

**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
P/D	DAVID W. DARROW	97 Tollgate Trail	Longwood FL 32750

**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

DAVID W. DARROW, Pres/Dir

Date

04/11/2002

Daytime Phone #

407-331-4040

2012

April 11, 2002

To: Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee FL 32314

From: David W. Darrow D.C. PA  
97 Tollgate Trail  
Longwood FL 32750

Re: Corporation Reinstatement  
David W. Darrow D.C. P.A

---

We can find no record of receiving annual reports for 2001 and 2002 therefore, we respectfully request waiver of reinstatement fee.

Attached is our check in the amount of \$308.75. \$150 for each year plus the Certificate of Status fee of \$8.75.

Thank you for your consideration of this request.



David W. Darrow D.C. P.A