

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V08873

1. Corporation Name

DAREE IMPORTS, & SALES, INC.

Principal Place of Business

18080 San Carlos Blvd.
#712, Boardwalk Capers V
Ft. Myers Beach, Florida
33931

Mailing Address

1853 Victoria Avenue
Fort Myers, FL 33901

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
Parsons and Associates

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33901

USA

4. Date Incorporated or Qualified
To Do Business in Florida

January 23, 1992

5. FEI Number

65-0315236

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Mary Charette	18080 San Carlos Blvd. #712	Ft. Myers Beach, Florida 33931
V/D	Darrell Charette	18080 San Carlos Blvd. #712	Ft. Myers Beach, Florida 33931
S/T/D	Darlene Charette	18080 San Carlos Blvd. #217	Ft. Myers Beach, Florida 33931

8. Name and Address of Current Registered Agent

Wade H. Parsons, Esq.
Parsons and Associates
1853 Victoria Avenue
Fort Myers, FL 33901

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Wade H. Parsons
REGISTERED AGENT MUST SIGN

Date 7/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

Mary Charette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16/98

941-466-4523
Daytime Phone #

FILED

98 JUL 22 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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