

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 22 AM 8:00

DOCUMENT # VH1936

1. Corporation Name

Cruisin' of Daytona Shores Inc.

REINSTATEMENT 01-13

300023253113

09/22/03--01089--030 **750.00

2. Principal Office Address

3. Mailing Office Address

400 Parque Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#5

City & State

City & State

Ormond Beach FL

Zip

Country

Zip

Country

32174

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3138035

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

Simon Myara

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

400 Parque Dr. #5

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

MRS

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

Simon Myara

REGISTERED AGENT MUST SIGN

Date

09-12-03

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
<u>P</u>	<u>Alain Myara</u>	<u>400 Parque Dr. #5</u>	<u>Ormond Beach FL 32174</u>

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

9-12-03 386-673-8488

Date

Daytime Phone #

CR2ED81 (10/02)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

SEPTEMBER 12, 2003

TO WHOM IT MAY CONCERN:

RE: FED ID # 593138035

PLEASE BE ADVISED WE ARE REQUESTING REINSTATEMENT FOR THIS CORPORATION. ENCLOSED IS THE APPLICATION AND A CASHIERS CHECK FOR \$750. THE CORRECT MAILING ADDRESS IS 400 PARQUE DR. #5 ORMOND BEACH, FL 32174, PLEASE ADJUST YOUR RECORDS ACCORDINGLY.

MAIL WAS ACCEPTED MAIL AT 2060 S. ATLANTIC AVE. UNTIL THE ROOF COLLAPSED AND THE BUILDING HAD TO BE TORN DOWN. IN THE PROCESS OF MOVING WHAT COULD BE SALVAGED, WE NOTIFIED THE POST OFFICE OF THE CHANGE OF ADDRESS AND WE ALSO CONTACTED YOUR OFFICE WHEN WE DID NOT RECEIVE THE REPORT TO CHANGE THE ADDRESS. I CALLED ON APRIL 28, 2003 TO FIND OUT WHAT HAPPENED AND FOUND OUT THE REPORT WAS NOT RETURNED TO YOUR OFFICE EITHER. PLEASE ACCEPT THE APPLICATION FOR REINSTATEMENT ALONG WITH THE FEE AND CONTACT ME AT 386-673-8488 IF YOU NEED ANYTHING ELSE

THANK YOU



TRACIE MCGUIRE
BOOKEEPER/CRUISIN & CO.