

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 AUG 24 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V45788**

1. Corporation Name

Daniels of Central Florida Inc.

2. Principal Office Address

201 Park Place

3. Mailing Office Address

PO Box 1984

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

City & State

Altamonte Spr, FL

City & State

Deland, FL

Zip

32701

Country

USA

Zip

32721

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/24/92

5. FEI Number

59-3134186

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

Daniel Singer

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

409 W. Spring Garden Ave

Suite, Apt. #, Etc.

City

Deland

State  
FL

Zip Code

32720

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

Daniel Singer

REGISTERED AGENT MUST SIGN

Date

8/23/01

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
DPT	Daniel Singer	409 W Spring Gdn Ave	Deland, FL 32720
			700004564187--8 08/30/01 01035 024 ***1950.00 ***1950.00

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:

Daniel Singer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/23/01

Daytime Phone #

386-736-4918

CR2E081 (2/00)