

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 25 AM 11:16

DOCUMENT # 161465

1. Corporation Name

D & P Leisure Investments, Inc.

2. Principal Office Address

406 Ash Street

3. Mailing Office Address

P. O. Box 1033

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

City & State

Yulee, FL 32041

Zip

32034

Country

USA

Zip

32041

Country

USA

REINSTATEMENT 98-01

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

9/3/92

SP

5. FEI Number

59-3147894

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

A. Jeffrey Tomassetti, Esq.

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

406 Ash Street

Suite, Apt. #, Etc.

800004435288-0

-06/21/01-01050-027

***1200.00 ***1200.00

City

Fernandina Beach

State

FL

Zip Code

32034

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

C. J. Tomassetti
REGISTERED AGENT MUST SIGN

Date 5-23-01

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
P	Doyle Claxton	406 Ash Street	Fernandina Beach, FL 32034

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:

W. J. Dan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-01

Date

Daytime Phone #

CR2E081 (9/00)