

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10F2



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

FILED

00 AUG 30 AM 8:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V68572

1. Corporation Name

DAISE MANAGEMENT CORPORATION

2. Principal Office Address

2490 DOE TRAIL

Suite, Apt. #, etc.

City & State

Loxahatchee FLA

Zip

33470

Country

Palm Bch

3. Mailing Office Address

PO BOX 1185

Suite, Apt. #, etc.

City & State

Loxahatchee FLA

Zip

33470

Country

Palm Bch

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 5
1992

5. FEI Number

65-0365834

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

ALFRED DAISE

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

2490 DOE TRAIL

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

Alfred Daise, CEO

REGISTERED AGENT MUST SIGN

Date

8/28/00

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
CEO	ALFRED DAISE	5821 NW 13 th ST	Sun, FLA. 33313 (AD)
V.P.	ANDREA DAISE	5821 NW 13 th ST	Sun, FLA. 33313
Pres	ALFRED DAISE II	5821 NW 13 th ST	Sun, FLA. 33313
VP/Part	Jeremy DAISE	5821 NW 13 th ST	Sun, FLA. 33313
			KE

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:

Alfred Daise, CEO

Alfred Daise, CEO

8/28/00

Date

561-792-5024

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (9/99)

20F2

DAISE MANAGEMENT CORPORATION

P O BOX 1185-LOXAHATCHEE, FLA. 33470
561-792-5024 (off) 561-792-5023 (fax)

Florida Dept of Corporations
409 East Gaines Street
Tallahassee, Fla. 32399

Re: Reinstatement


Dear, Sir/Madame

Enclosed you will find a check in the sum of three hundred dollars and zero cent to reactivate our Corporation status.

The original request for change of address was never granted which caused this delay. Please except payment and update your records with new address listed above.

Thank you for your time in this matter.

Sincerely,


Alfred Daise
CEO