

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 JAN -2 PH 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V71800**

1. Corporation Name

**D. & B. ENTERPRISES OF OCALA, INCORPORATED**

Principal Place of Business

Mailing Address

2595 SE 48TH ST  
OCALA FL 32671

2595 SE 48TH ST  
OCALA FL 32671



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

**REINSTATEMENT**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3158335

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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
PVS	TOLER, JAMES D	2595 SE 48TH ST	OCALA FL
TD	TOLER, JAMES D	2595 SE 48TH ST	OCALA FL

800002050128--6  
-01/08/97--01036--002  
\*\*\*375.00 \*\*\*375.00

JB-3-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOLER, JAMES D.  
2595 SE 48TH ST  
OCALA FL 32671

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12-31-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*[Signature]*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-96

Date

352 867 1006

Daytime Phone #

CR2E040 (7/96)