

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128954

1. Corporation Name

DP FINANCIAL, INC.

Principal Place of Business

Mailing Address

~~203 SW 4TH STREET  
OKEECHOBEE FL 34974~~

~~203 SW 4TH STREET  
OKEECHOBEE FL 34974~~

208 NE 3RD Street  
Okeechobee, FL 34972

208 NE 3RD Street  
Okeechobee, FL 34972

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/06/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

54-2085350

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	4 City / State / Zip
PSTD	DELAHANTY, BRIAN A	203 SW 4TH STREET	OKEECHOBEE FL 34974

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DELAHANTY, BRIAN A  
203 SW 4TH STREET  
OKEECHOBEE FL 34974

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. or 617.0505, F.S.

Signature of Registered Agent

Date 10/8/03

REGISTERED AGENT MUST SIGN

11. 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

10/8/03  
Date

863-634-3769  
Daytime Phone #

CR2E040 (7/03)

October 8, 2003

DP Financial, Inc.  
208 NE 3<sup>rd</sup> Street  
Okeechobee, Florida 34972

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Reference: Delinquent *Uniform Business Report*

Dear Division of Corporations Representative:

I have accompanied this letter with the Uniform Business Report of DP Financial, Inc. As a matter of fact, I mailed a UBR in July 2003, along with a \$150.00 check which your agency cashed (see copy of check). When I mailed that report in July I explained that my address was incorrect and that is why I never received the first report. It was by chance that I received the second notice. Please notice on the accompanying UBR that my address has changed.

I spoke with a representative at your agency today and she explained that I should write this letter and request a waiver of the penalty due the fact that I never received the first UBR. I humbly request your kind consideration in this matter and please reinstate my corporation.

You may call me at 863-634-3769 with any questions.

Sincerely,

Brian A. Delahanty