

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 21 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048197

1. Corporation Name

D F & SONS, INC.

Principal Place of Business

506 PLEASANT GROVE DR.
WINTER SPRINGS FL 32708

Mailing Address

506 PLEASANT GROVE DR.
WINTER SPRINGS FL 32708

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

2. New Principal Office Address, If Applicable

~~13962 Smokerise Ct~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~13962 Smokerise Ct~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1999

5. FEI Number

59-3577607

Applied For

Not Applicable

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32832

Country

USA

Zip

32832

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 |
|---------------|---|--|-------------------------|
| P | SALIM, FAZILA | 506 PLEASANT GROVE DR | WINTER SPRINGS FL 32708 |
| V | SINGH, DAVID T | 506 PLEASANT CIRCLE DR | WINTER SPRINGS FL 32708 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

400023963034
10/21/03--01031--010 **150.00

8. Name and Address of Current Registered Agent

SALIM, FAZILA
506 PLEASANT GROVE DR.
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

CR2E040 (7/03)

#: 407-737-1301 10/14/03
B: 407-247-0005 DF + Sons INC
13962 Smoketree Rd
Orlando FL 32832

To Whom IT MAY concern,

I would like to apologize
for any ~~and~~ inconvenience. Unfortunately, I did not
receive the corporation application until now.

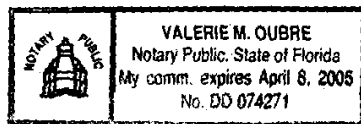
My address has been changed due to
us moving. Again -- my apologies,

Enclosed is the fee for \$150.00

Sincerely,

Valerie President
DF + sons Inc.

FL DL 5450 24062959-0



Valerie M. Oubre
10-14-03