

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 20 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097663

1. Corporation Name

D & J LOGOS, INC.

Principal Place of Business

10200 GANDY BLVD N  
UNIT #1314  
ST. PETERSBURG FL 33702

Mailing Address

10200 GANDY BLVD N  
UNIT #1314  
ST. PETERSBURG FL 33702



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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3544318

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	KAMENAR, JOHN	10200 GANDY BLVD N #1314	ST. PETERSBURG FL 33702
D	KAMENAR, DEBORAH	10200 GANDY BLVD N #1314	ST. PETERSBURG FL 33702
			800003032498--4 -11/02/99--01070--021 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

KAMENAR, JOHN  
10200 GANDY BLVD N  
UNIT #1314  
ST. PETERSBURG FL 33702

9. Name and Address of New Registered Agent

Name  
N/A  
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

*John Kamenar*  
REGISTERED AGENT MUST SIGN

Date 10-14-99

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

10-14-99

Date

Daytime Phone #



The Hi-Tech Design People™

**D&J Logos, Inc**  
**D/B/A Your Logo**  
**2035 E. Fowler Ave.**  
**Tampa, Florida 33612**  
**Phone: (813) 979-0215**  
**Fax: (813) 979-0216**

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Dear Department of State,

As per my conversation with one of your representatives on October 14, 1999, I am writing this letter to inform you that I have not received any prior notices before this notice of dissolution. Being a new corporation and first time business owner, I was alarmed to receive this notice. I hope there will not be any further complication and feel free to contact me if I can be of any assistance. Thank you for your patience and assistance in this matter.

Sincerely,

John Kamenar