

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 378627

1. Corporation Name

D.M., INC.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

900 VIRGINIA AVE

Suite, Apt. #, etc.

SUITE # 15

City & State

FORT PIERCE, FL

Zip

34982

Country

USA

FILED

03 NOV -3 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700024382507
11/03/03--01075--001 **150.00

RECEIVED
Date incorporated or Qualified
to Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

SHELL WILLIAMS

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

900 VIRGINIA AVE., SUITE #15

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34982

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

Douglas McCloure
REGISTERED AGENT MUST SIGN

Date X 10/28/03

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
PD	DOUGLAS MCCLOURE	900 VIRGINIA AVE, SUITE 15	FT. PIERCE, FL 34982
DV	SHELL WILLIAMS	900 VIRGINIA AVE, SUITE 15	FT. PIERCE, FL 34982
SD	DOUGLAS MCCLOURE	15231 NE 14TH STREET RD BOX 1511	SILVER SPRINGS, FL 34489

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10/20/03

Date

Daytime Phone #

D.M.,INC
900 VIRGINIA AVE,SUITE #15
FORT PIERCE,FL 34982
OCTOBER 15,2003

RE:LETTER OF REINSTATEMENT
PER PHONE CALL
CORPORATION DIVISION FOR STATE OF FLORIDA

PER PHONE CALL WITH CORPORATION DIVISON THE CORPORATION REPORT
WAS RETURNED TO THE STATE OF FLORIDA AND NOT FORWARDED TO OUR
NEW ADDRESS BY THE US POSTAL SERVICE.

REINSTATEMENT FEE FOR 2003	\$ 750.00
ABATEMENT DUE TO ABOVE	(600.00)
NET CORPORATION FEE FOR 2003	\$ 150.00 DUE AMOUNT

CHECK FOR \$150.00
TO:

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O BOX 6327
TALLAHASSEE,FL 32314

SIGN & DATE CORP. REINSTATEMENT FORM