

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 19 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 449612

1. Corporation Name

D.C. Dious Specialty Co., Inc.

2. Principal Office Address

502 East Channelside Drive

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33602

Country

U.S.

3. Mailing Office Address

P.O. Box ~~172185~~ 172185

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33672-0185

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/20/1974

5. FEI Number

59-1536446

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gibbons, Tucker, Miller, Whatley & Stein, P.A.

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

101 East Kennedy Boulevard, Bank of America Plaza

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code
33602

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

By: *Robert M. Allen, Vice President*

Date *November 17, 2003*

REGISTERED AGENT MUST SIGN

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
VTSD	David C. Dious, III	33316 Darby Trail	Dade City, Florida 33523
PD	Perry Michael Cueto	502 East Channelside Drive	Tampa, Florida 33602

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Perry Michael Cueto Perry Michael Cueto, Pres. 11/17/2003 (813) 229-8101

Date

Daytime Phone #

CR2E081 (10/02)