

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 505571

## 1. Corporation Name

DYE ENTERPRISES, INC.

## 2. Principal Office Address

9955 WEST INDIGO ST.

## 3. Mailing Office Address

9955 West Indigo St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

MIAMI, FL 33157

City &amp; State

Miami, FL 33157

Zip

33157

Country

U.S.A.

Zip

33157

Country

U.S.A.

REINSTATEMENT 1992-2002

4. Date Incorporated or Qualified  
To Do Business in Florida

6-21-76

## 5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

GEORGE W. DYE

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

9955 WEST INDIGO ST.

800007854958-3

-09/19/02-01082-025

Suite, Apt. #, Etc.

\*\*\*2250.00 \*\*\*2250.00

City

MIAMI FL

State  
FL

Zip Code

33157

## 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

REGISTERED AGENT MUST SIGN

Date

09/06/02

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | GEORGE W. DYE                        | 3150 DAY AVE COCONUT GROVE<br>FLORIDA 33133       | 09/06/02           |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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

Date

Daytime Phone #

09/16/02/305-447-0913