

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

2000 UBR

MZ

FILED

00 DEC 18 AM 11:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # 568168

1. Corporation Name

D5, INC.

Principal Place of Business

Mailing Address

2172 CLAY CIR
GULF BREEZE FL 32561
US

2172 CLAY CIR
GULF BREEZE FL 32561
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2178 River Birch
Gulf Breeze FL
32561 Santa Rosa

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1978

5. FEI Number

59-1822751

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MEREDITH, DERWOOD	2178 RIVER BIRCH	GULF BREEZE FL
D	MEREDITH, DORIS ANN	2178 RIVER BIRCH	GULF BREEZE FL
			200003514732--9 -12/27/00--01074--021 ****150.00 ****150.00
			200003514732--9 -12/27/00--01074--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEREDITH, DERWOOD
2178 RIVER BIRCH
GULF BREEZE FL 32561

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Derwood Meredith
REGISTERED AGENT MUST SIGN

Date

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:

Derwood Meredith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

568168

20F2

Derwood Meredith
2178 River Birch
Gulf Breeze, FL 32561

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL-32314-6327

Re: D-5 Inc.
Document #568168

Dear Sir/Madam:

The mailing address for D-5 Inc. was changed by the County of Santa Rosa from 2172 Clay Circle to 2178 River Birch. This ultimately caused a problem in the forwarding of mail by the U.S. Postal Service. I have no record of having received the original notification or subsequent notices until this application for reinstatement was forwarded to me in late November by a third party.

I respectfully request that you waive the \$600.00 reinstatement fee. Please make note of the address change for future correspondence. Enclosed please accept a check for \$150.00 for the year 2000 corporate filing fee, and an additional check of \$150.00 to prepay the year 2001 corporate filing fee forwarded by my accountant.

Thank you for your consideration.

Sincerely,

Derwood Meredith