

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 SEP -4 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600007732126--7
-09/13/02--01044--001
***1800.00 ***1800.00

DOCUMENT # 605347

1. Corporation Name

DUNN AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

12005 Garnet Drive
Clermont, FL 34711

P.O. Box 121308
Clermont, FL 34712-1308

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

12005 Garnet Drive

P.O. Box 121308

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clermont, FL

Clermont, FL

Zip

Country

Zip

Country

34711

US

34712-1308

US

REINSTATEMENT 1995-2002

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1978

5. FEI Number

59-1872833

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

3 (Do NOT Use Post Office Box Numbers)

4 City / State / Zip

P/D

Stanley Dunn

12005 Garnet Drive

Clermont, FL 34711

V/D

Joseph Cuschieri

2398 NW 38th Street

Boca Raton, FL 33431

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*****8.75 *****8.75

8. Name and Address of Current Registered Agent

Joseph Cuschieri
2398 NW 38th Street
Boca Raton, FL 33431

9. Name and Address of New Registered Agent

Name

Joseph Cuschieri

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

2398 NW 38th Street

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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

REGISTERED AGENT MUST SIGN

Date

8/9/2002

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

8/9/2002

Date

561 289 7091

Daytime Phone #

CR2E040 (12/96)