

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 681056

1. Corporation Name

DOUBLE D, INC

Principal Place of Business

1680 N.E. 135TH STREET #200W
NORTH MIAMI FL 33181

Mailing Address

P.O. BOX 610486
NO. MIAMI FL 33261-0486

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

2. New Principal Office Address, If Applicable

11601 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 201

City & State
Miami, Florida

Zip
33181

Country
USA

3. New Mailing Office Address, If Applicable

11601 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 201

City & State
Miami, Florida

Zip
33181

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1980

5. FEI Number

59-2025230

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| P | GREENFIELD, BARBARA | 1680 NE 135TH ST #101E | N MIAMI, FL 00000 |
| S | GREENFIELD, LEO | 1680 NE 135TH ST 101E | N MIAMI, FL 00000 |
| | | | |
| | | | |
| | | | 400003051774-8 |
| | | | -11/22/99--01134--001 |
| | | | ***1517.50 ***4758.75 |
| | | | |

8. Name and Address of Current Registered Agent

GREENFIELD, BARBARA
1680 N.E. 135TH ST.
#101E
NORTH MIAMI FL 33181

9. Name and Address of New Registered Agent

Name

LEO GREENFIELD

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

11601 Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 201

City

Miami

State

FL

Zip Code

33181

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

Leo Greenfield

REGISTERED AGENT MUST SIGN

Date 11/10/99 305.893-9270

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:

Leo Greenfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/99 305.893-9270

Date

Daytime Phone #

CR2E(40) (8/99)