

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 838882

1. Corporation Name

DHC INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

5645 MASTERS BLVD
ORLANDO FL 32819

5645 MASTERS BLVD
ORLANDO FL 32819

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

2. New Principal Office Address, if Applicable

310 E. Harwood St.
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

310 E. Harwood St
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1977

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip
32801

Country
USA

Zip
32801

Country
USA

5. FEI Number

59-1739264

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
PSD	CRANDALL, DAVID H.	5645 MASTERS BLVD	ORLANDO FL
PSD	CRANDALL, CHERYL F.	5645 MASTERS BLVD	ORLANDO FL
PSD	CRANDALL, CHERYL F	310 E. Harwood St	ORLANDO, FL

8. Name and Address of Current Registered Agent

CRANDALL, DAVID H.
5645 MASTERS BLVD
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name
CHERYL F. CRANDALL

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

310 E. Harwood St

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32801

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/30/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02

Date

407-841-6688

Daytime Phone #

D H C

282

October 30, 2002

Florida Department of State
Application for Reinstatement
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern,

This is to inform you that my company, DHC International, Inc. did not receive any prior business report (UBR) notices. Please waive the reinstatement fee and accept this payment of \$150 for filing the report.

Enclosed please also find application for reinstatement.

Thank you,



Cheryl Crandall
President, DHC International, Inc.