

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000005319

1. Corporation Name

DBD CORPORATION LTD.

Principal Place of Business

SASSON HOUSE SHIRLEY STR.
PO BOX N-272
NASSAU, BAHAMAS

Mailing Address

16711 COLLINS AVE., SPT #210
MIAMI FL 33160

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2001

5. FEI Number

11-3665404

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LAPELLE INVESTMENTS CORP	SASSON HOUSE SHIRLEY STR.	NASSAU, BAHAMAS
P	Serguei Tchernykn	16711 Collins Ave #210	Miami / FL / 33160

8. Name and Address of Current Registered Agent

TCHERNYKN, SERCUEI
16711 COLLINS AVE., APT #210
MIAMI FL 33160

9. Name and Address of New Registered Agent

Name

TCHERNYKN SERGUEI

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

16711 Collins Ave #210

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33160

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

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

Date

Daytime Phone #

(305) 949-0291

CR2E040 (8/02)