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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(If name unava	nilable in Florida, enter alternate	corporate name adopted for the purpose of transa	eting business in Florida)
MISSOURI		3. 43-1526946	
•	ntry under the law of which it is	•	•
12/2/1988		5. (Date of duration, if of	. 1
(l	Onte of Incorporation)	(Date of duration, if of	ther than perpetual)
Talle Talle Talle	Charles to Warning to	registration. See sections 617.1501 & 617.1502, F.S	S to determine venalty lightlity
	•		s, to determine penalty two way
119 WEST 23	RD STREET - SUITE 704, NEV	W YORK, NY 10011	
		(Principal office street address)	
O WOLF W	EISSMAN CPA'S, 1 PENN PLA	AZA SUTTE 2615, NY, NY 10119	
DI CINUCC D	,	Current mailing address, if different)	7 DISASTER/BUSINESS I
Purpose(s) of	ROFESSIONAL TRAINING AN corporation authorized in home s	ND CERTIFICATION ON THE HANDLING OF state or country to be carried out in the state of Flored agent: (P.O. Box NOT acceptable)	orida)
Purpose(s) of Name and <u>st</u>	ROFESSIONAL TRAINING AN corporation authorized in home seet address of Florida register	ND CERTIFICATION ON THE HANDLING OF state or country to be carried out in the state of Flored agent: (P.O. Box <u>NOT</u> acceptable)	orida)
(Purpose(s) of Name and <u>str</u> Name:	ROFESSIONAL TRAINING AN corporation authorized in home seet address of Florida register KATHY ACEVEDO	ND CERTIFICATION ON THE HANDLING OF state or country to be carried out in the state of Flored agent: (P.O. Box <u>NOT</u> acceptable)	orida)
(Purpose(s) of Name and <u>str</u> Name:	ROFESSIONAL TRAINING AN corporation authorized in home seet address of Florida register	ND CERTIFICATION ON THE HANDLING OF state or country to be carried out in the state of Flored agent: (P.O. Box <u>NOT</u> acceptable) ENUE	orida)
(Purpose(s) of Name and <u>str</u> Name: Tice Address:	ROFESSIONAL TRAINING AN corporation authorized in home street address of Florida register KATHY ACEVEDO 933 E. SHADOWLAWN AVE TAMPA (City)	ND CERTIFICATION ON THE HANDLING OF state or country to be carried out in the state of Flored agent: (P.O. Box <u>NOT</u> acceptable)	orada) VIII AAA 21 AAA A
Name and stand Name: Name: ffice Address: O. Registered aving been newignated in the other agree to the other agrees to the other agree to the other agrees the other agreements agree the other agrees the other agreements agree the other agrees the other agreements agree the other agreements agree the other agreements agree the other agreements agreement agre	ROFESSIONAL TRAINING AN corporation authorized in home seet address of Florida register KATHY ACEVEDO 933 E. SHADOWLAWN AVE TAMPA (City) I agent's acceptance: amed as registered agent and his application, I hereby acceptance of comply with the provisions of the comply with the provisions.	ND CERTIFICATION ON THE HANDLING OF state or country to be carried out in the state of FI red agent: (P.O. Box <u>NOT</u> acceptable) ENUE Florida 33603	(ated corporation at the planting to act in this capacit

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR Chairman	CHLOE DEMROVSKY	□Chairman	Name: ALAN BERMAN
□Vice Chairman	Address:	□Vice Chairman	Address: 27 BEACHWOOD ROAD
□Director	NEW YORK, NY 10013	□Director	IRVINGTON, NY 10533
∃ President		□ President	
□Vice President		□Vice President	
☐Secretary	Treasurer	Secretary	Treasurer
ClOther.	Cl Other:	□Other:	Other
□ Chairman	Name:	□Chairman	Name: Address:
□Vice Chairman	Address: 30467 YOUNG DRIVE	□ Vice Chairman	Address:
■Director	GIBRALTER, MI 48173	Director	17
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
Other:		Other:	□Other.
□Chairman	Name	□Channan	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	Treasurer
[]Other.	Other:	□Other:	□Other:
NOTE Importan Non-indexed indiv 13	t Notice Use ar, attachment to report more than ideals have be added to the index when filing y the state of Chairman Vice Chairman of an Mice Sky	our Florida Department o	of State Annual Report form

STATE OF MISSOURI



John R. Ashcroft **Secretary of State**

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

DRI INTERNATIONAL, INC. N00040415

was created under the laws of this State on the 2nd day of December, 1988, and is in good standing. having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 21st day of May, 2020.

Certification Number: CERT-05212020-0057

