

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F92000000292**

1. Corporation Name

The Denman Group L.T.D. Corp.

Principal Place of Business Mailing Address
11646 US Hwy One 11646 US Hwy One
N. Palm Bch, FL 33408 N. Palm Bch, FL 33408

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

2. New Principal Office Address, If Applicable
929 August Pointe Dr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
929 August Pointe Dr.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/92

5. FEI Number
23-2649315

Applied For

Not Applicable

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

Zip Country
33418 USA

Zip Country
33418 USA

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D,P,VP S,T	Christopher D.B. Root	929 August Pointe Drive	Palm Beach Gardens, FL
			900002566539--0 -06/19/98--01105--016 ***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

Christopher Root
11646 US Hwy One
North Palm Beach, FL 33408

9. Name and Address of New Registered Agent

Name
Charles Ryan Hickman, Esquire

Street Address (P.O. Box Number is Not Acceptable)
230 Royal Palm Way

Suite, Apt. #, Etc.
Suite 300

City
Palm Beach

State
FL

Zip Code
33480

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

Charles Ryan Hickman

REGISTERED AGENT MUST SIGN

Date **6/15/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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: *Christopher D.B. Root* **Christopher D.B. Root, Pres** **6/15/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #