

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -7 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500008878805
11/07/02--01086--007 **758.75



REINSTATEMENT 02

DOCUMENT # F95000001052

1. Corporation Name

D C L SOUTH CORPORATION

Principal Place of Business

25 DRYDOCK AVE.
BOSTON MA 02210

Mailing Address

25 DRYDOCK AVE.
BOSTON MA 02210

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.
11229 Astronaut Blvd.

City & State
Orlando, FL

Zip
32837

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/1995

5. FEI Number

04-2830520

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
CPT	ANDREASSON, MARK	320 W 2ND ST #505	BOSTON MA 02127
CVS	KUTNER, CRAIG	68 BOYNTON ST. 5016 Loyola Lane	JAMAICA PLAIN MA 02130 Orlando FL 32821

8. Name and Address of Current Registered Agent

ANDREASSON, JON
11229 ASTRONAUT BLVD
ORLANDO FL 32837

9. Name and Address of New Registered Agent

Name

Craig Kutner

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

5016 Loyola Lane

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32821

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

Nov. 4, 2002

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 #

Nov. 4, 2002

(617) 542-9620

CR2E040 (8/02)