

PLEASE READ INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 23 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **641404**

1. Corporation Name

D. L. Kirby, Inc.

2. Principal Office Address

643 NW 146 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33168

Country

USA

3. Mailing Office Address

643 NW 146 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33168

Country

USA

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 26, 1983

5. FEI Number

592230373

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DENFIELD L. KIRBY

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

643 N.W. 146TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33168

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

4-18-01

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director
President	Denfield L. Kirby	643 N.W. 146th Street Miami, FL 33168
Secretary	Delores Kirby	643 N.W. 146th Street Miami, FL 33168
Treasurer		

10. 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: x

D. L. Kirby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01 305 687 6251
Date Daytime Phone #

CR2E081 (9/99)