

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 24 AM 7:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # H94287

1. Corporation Name

DYMLE CONSTRUCTION COMPANY, INC.

Principal Place of Business

Mailing Address

6900 BARBOUR ROAD
WEST PALM BEACH FL 33407

6900 BARBOUR ROAD
WEST PALM BEACH FL 33407

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2619840

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	MAILE, DENNIS PAUL	909 N. PALM WAY	LK. WORTH FL
			500003455685---7 -11/07/00--01097--004 *****750.00 *****750.00

REINSTATEMENT 2000

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAILE, DENNIS
6900 BARBOUR ROAD
WEST PALM BEACH FL 33407

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Handwritten signature: Dennis Maile]
REGISTERED AGENT MUST SIGN

Date 10-19-00

CR2E040 (8/00)

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:

[Handwritten signature: Dennis Maile]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-00
Date

561-842-7099
Daytime Phone #