

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 NOV -4 AM 11:19

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

D10T INC.  
L15292

**REINSTATEMENT** 09-10

300187459813  
11/04/10--01041--005 \*\*900.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

111 Furman Rd.  
Suite, Apt. #, etc.

3. Mailing Office Address

111 Furman Rd.  
Suite, Apt #, etc.

City & State

Merritt Isl. FL

City & State

Merritt Isl. FL

Zip

32953

Country

U.S.

Zip

32953

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/89

5. FEI Number

592963545

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

PAUL W. REZANKA

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

111 Furman Rd.

Suite, Apt #, Etc.

City

Merritt Isl.

State

FL

Zip Code

32953

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

*Paul W. Rezanka*

REGISTERED AGENT MUST SIGN

Date 11/01/10

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	PAUL W. REZANKA	1715 YATES DR.	Merritt Isl. FL 32952
S	William R. REZANKA	1253 Sleepy Hollow Ln.	Rockledge, FL 32955

*WR* 11/10

**10. E-mail Address:**

(To be used for future annual report notification)

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. I further certify, 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:

*Paul W. Rezanka* PAUL REZANKA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/10 (321) 452-2611

Date

Daytime Phone #