

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 # **L46254**

1. Corporation Name

DUTTON LUMBER CORP.

Principal Place of Business
**19400 W. DIXIE HWY.
N. MIAMI BEACH FL 33180**

Mailing Address
**19400 W. DIXIE HWY.
N. MIAMI BEACH FL 33180**

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

01/30/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **65-0184656**

Applied For

City & State

City & State

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CBS	MIRON, JULIE	19400 W DIXIE HWY	N MIAMI BEACH FL
PT	MIRON, STEPHEN E.	KHAKUM WOOD ROAD	GREENWICH CT
VPC	CAULOUN, NEIL R	1 STEPHENIE WAY, DO BOX 701	RED HOOK NY
			Delete
			500002350235--31
			-11/18/97--01042--002
			***750.00 ***750.00
			REINSTATEMENT 97
			SCC 11-12-97

8. Name and Address of Current Registered Agent

**KORTHALS, JOHN L.
2401 EAST ATLANTIC BLVD., SUITE 400
POMPANO BEACH FL 33082**

9. Name and Address of New Registered Agent

Name **Julie Miron**
Street Address (P.O. Box Number is Not Acceptable)
19400 W. Dixie Hwy
Suite, Apt. #, Etc.
1900
City **So. Miami Beach** State **FL** Zip Code **33180**

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

Julie Miron

REGISTERED AGENT MUST SIGN

Date **11-10-97**

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)(l), 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:

Julie Miron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.29.97 305/931-4234

Date

Daytime Phone #