

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

121

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 25 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M33743

1. Corporation Name

DUST AND GLITTER INC.

Principal Place of Business

Mailing Address

C/O DENA STOPNICKI
5863 SUNSET DR
S. MIAMI FL 33143

C/O DENA STOPNICKI
5863 SUNSET DR
S. MIAMI FL 33143

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

06/16/1986

5. FEI Number

59-2725820

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	STOPNICKI, DENA	130 W. RIVO ALTO DR.	MIAMI BEACH FL
		19555 E. Country Club Dr.	
		#8 508 Aventura Fl.	
		33180	
			300002703759--8
			-12/04/98-01104-013
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

STOPNICKI, DENA
5863 SUNSET DR
S. MIAMI FL 33143

9. Name and Address of New Registered Agent

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

[Signature] 12/30/98

REGISTERED AGENT MUST SIGN

Date

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/95)

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Dear Sirs,

As per our phone conversation,
I have been in business; incorporated for the past 12 years.
I was unaware that payment
was due for I did not receive
any notice until now. As you
instructed here is my
payment of \$150 of yearly
corporate dues for Dest:
Glatzer. Thank you for your
attention to this matter.

Dana Stopnicu Pres.