

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M98720**

1. Corporation Name

DCR Rental Management, Inc.

2. Principal Office Address

12240 SW Austin Ave.

Suite, Apt. #, etc.

City & State

Lake Suzy, FL

Zip

34269

Country

USA

3. Mailing Office Address

12240 SW Austin Ave.

Suite, Apt. #, etc.

City & State

Lake Suzy, FL

Zip

34269

Country

USA

FILED

06 MAY -8 AM 9:01

RECEIVED  
TALLAHASSEE, FLORIDA

800075286258

05/25/06--01044--004 \*\*1050.00

REINSTATEMENT 100-06

4. Date Incorporated or Qualified  
To Do Business in Florida 09/15/1988

5. FEI Number  
650073266

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 T. Kingston

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

12240 SW Austin Ave.

Suite, Apt. #, Etc.

City

Lake Suzy

State

FL

Zip Code  
34269

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

Date 5/5/06

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| P/S/T  | Paul T. Kingston                     | 12240 SW Austin Ave.                              | Lake Suzy, FL 34269 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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 contained in Chapter 119, 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:

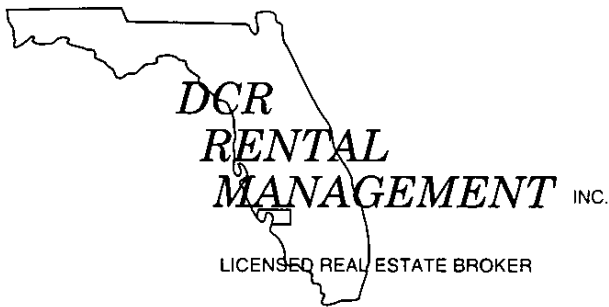
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

5/5/06 941 624-0500

B. Mitchell MAY 16 2006

Zof2



TOLL FREE NUMBER  
U.S.A.: 1-800-741-8484  
LOCAL: (941) 624-0500

Fax: (941) 624-2005  
Eve: (941) 629-2217

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

May 5<sup>th</sup>, 2006

Dear Sir,

Enclosed is my application for reinstatement.

We did not receive our annual renewal application. The address change was picked up for the officer and registered agent, but not the corporation.

Also is enclosed is a check for \$1,050.00 for the past annual fees.

Thank you,

A handwritten signature in black ink, appearing to read 'Paul T. Kingston', with a stylized flourish at the end.

Paul T. Kingston