## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

RE	CORPORATION SINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  09 NOV 30 AM IO: 47
1	oration Name	,	JECHETARY OF STATE TALLAHASSEE, FLORIDA
DINTHILL TECHNICAL HIGH SCHOOL ALUMNI ASSOCIATION			
05 (5(22/22) 2002 7 10			
	<i>C.</i> • <i>y y y</i>		400163183274 11/30/0901043013 **297.50
2. Princ	ipal Office Address- No P.O. Box #	3. Mailing Office Address	BEM on one 114
78	40 NW 50th STREET	7840 NW 50th STREET	CR2E081 (10/09) 08-09
Suite	, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
	07 & State	/07 City & State	To Do Business in Florida 3/29/2002
	OVDERHILL FL	LAUDERHILL FL	5. FEI Number  65-63194439  Applied For Not Applicable
Zip	Country	Zip Country	58,75 additional Fee required
33.	35/ <i>VSA</i>	33351 USA	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Name and Address of Current Registered Agent			
Name Day Col Day			
Street Address (P.O. Box Number is Not Accoptable)			The reinstatement fee is imposed, except in circumstances which the entity did not recieve the prior notices. By
7840 NW 50th STREET che			checking this box, you are certifying the prior notices
Suite, Apr. #, Etc. were not recieved and requesting the reinstatement fee be waived			
/City		State Zip Code	
LAUDERHILL FL 33351			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.			
Signature of Registered Agent Jarvielle L. Deron Date 11/25/09			
REGISTERED AGENT MUST SIGN			
9. Name	s and Street Addresses of Each Officer and/or Dir Name of	ector (Florida nonprofit corporations must list at least 3 direct Street Address of Each	tors)
Titles	Officers and/or Directors	officer and/or Director	City/State Zip
PD	NUGENT, BARRY	5305 SW 153 AVE	
VP	PALMER, BRUCE	9163 NW 20th MB	TWOR CORPLERRINGS, FL
Sec	BROWN, DEAVERLYN		
D	BURNETT, OMRIE	2411 DUNHILL AVE	
$ au_{\mathcal{D}}$	DIXON, PATRICK	7840 NW 50 ST., #1	
۵	BECKFORD, DAVID	2990 NW 46 # AVE \$	206 LANDERDALE LAKES, FL
10. E-mail Address: DTHS_DINTHILL_OF_FLORIDA @ HOTMAIL. COM			
(To be used for future annual report notifications)			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:    SIGNATURE:   BANKY NUGENT   1/25/09 954552633/   SIGNATURE:   Day UNITED NAME OF SIGNING OFFICER OR DIRECTOR   Day United Phones			