

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 # N21626

1. Corporation Name

The DBA Program, Inc.

Principal Place of Business

c/o Florida Reg. Agents, Inc.
100 S.E. 2nd Street, #3600
Miami, FL 33131

Mailing Address

Same as Principal

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1460 Brickell Avenue
Suite, Apt. #, etc.
309

City & State
Miami, Florida

Zip
33131

Country
USA

3. New Mailing Address, If Applicable

1460 Brickell Avenue
Suite, Apt. #, etc.
309

City & State
Miami, Florida

Zip
33131

Country
USA

FILED

98 OCT -7 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****428.75 ****428.75

REINSTATEMENT 95-98

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

07-20-87

5. FEI Number

59-2839966

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
D/C	Charles Clements, III	1460 Brickell Avenue, #309	Miami/Florida/33131
D/P	Agustin Dominguez	1460 Brickell Avenue, #309	Miami/Florida/33131
D/VP	Eugenia Anderson	1460 Brickell Avenue, #309	Miami/Florida/33131
D/VP	Claire Raley	1460 Brickell Avenue, #309	Miami/Florida/33131

8. Name and Address of Current Registered Agent

Florida Registered Agents, Inc.
100 S.E. 2nd Street, #3600
Miami, FL 33131

9. Name and Address of New Registered Agent

Name
Lynn C. Washington, Esq.-Holland & Knight LLP
Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue, Suite 3000
Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33131

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

Lynn C. Washington

REGISTERED AGENT MUST SIGN

Date 10/5/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Eugenia Anderson
Eugenia Anderson, Vice President

10-0598(305)34-6503

CR2E040 (1/2/95)