

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 # **N95000004584**

1. Corporation Name

DADE D.U.I., INC.

Principal Place of Business

Mailing Address

**16585 N.W. 2ND AVENUE
MIAMI FL 33169**

**16585 N.W. 2ND AVENUE
MIAMI FL 33169**

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

1558 N.E. 162 ST

1558 N.E. 162 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N.M.B. FLA.

N.M.B. FLA.

Zip

Country

Zip

Country

33162

DADE

33162

DADE

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	STEVENS, HOWARD FONTECELLE, GLEN	18500 N.E. 5TH AVE. 302 VIA MILAN TERR.	MIAMI FL 33179 DAVIE FL. 33325
D	EDELSTEIN, MAX	4400 NORTH 40RD AVE. 4000 N. HILLS DR #21	HOLLYWOOD FL 33021
D	ADLER, IRVING LYNCH, ROBERT	801 ORLYNE DRIVE 6244 Saratoga Circle	CORAM NY 11727 DAVIE FL. 33331

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEUTSCH, DAVID-ESQ.
16585 N.W. 2ND AVE.
MIAMI FL 33169

STEPHEN MANSON
1558 N.E. 162 ST
N.M.B. FLA. 33162

Name

STEPHEN MANSON

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

1558 N.E. 162 ST.

Suite, Apt. #, Etc.

City

N.M.B.

State

FL

Zip Code

33162

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

Stephen Manson
REGISTERED AGENT MUST SIGN

Date

8/19/97

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 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: *Max Edelman* **MAX EDELSTEIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 18 1997 **954 9899229**
Date Daytime Phone #

FILED

97 AUG 22 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

96-97

4. Date Incorporated or Qualified To Do Business in Florida

09/27/1995

5. FEI Number

65-0615059

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required for a Certificate of Status

CR2E040 (7/96)