

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 NOV 13 PM 6:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002575

1. Corporation Name

D-R PROPERTIES, INC.

Principal Place of Business

502 WARWICK DRIVE  
VENICE FL 34293

Mailing Address

502 WARWICK DRIVE  
VENICE FL 34293

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/08/2000

5. FEI Number

65-0971751

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 2003



500024697785  
11/14/03--01009--003 \*\*750.00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	DUNN-RANKIN, DEREK	502 WARWICK DRIVE	VENICE FL 34293

8. Name and Address of Current Registered Agent

DUNN-RANKIN, DEREK  
502 WARWICK DRIVE  
VENICE FL 34293

9. Name and Address of New Registered Agent

Name

Alan L. Walrond

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

200 East Venice Avenue

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34285

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/23/03

11. 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

DEREK DUNN-RANKIN

Date

10/23/03 944-2061001

Daytime Phone #

CR2E040 (7/03)