

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 10 PM 2:22

DOCUMENT # P00000020044

Corporation Name

DIMITRI PAVLOWITCH, INC.

Principal Place of Business

Mailing Address

5 N.W. 52ND STREET
105
MIAMI FL 33178

9755 N.W. 52ND STREET
APT 105
MIAMI FL 33178



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

New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

City, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2000

5. FEI Number

65-0990994

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4. City / State / Zip
P	Dimitri Pavlowitch	9755 NW 52 ST. #105	Miami FL 33178

100004726741--3

-12/14/01--01047--009

****150.00 ****150.00

JB 12/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAVLOWITCH, DIMITRI
9755 N.W. 52ND STREET
APT 105
MIAMI FL 33178

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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.

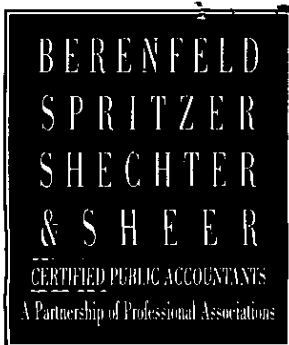
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2052



October 25, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Dimitri Pavlowitch, Inc.
I.D. No.: 65-0990994

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 in payment of 2001 Uniform Business Report for Dimitri Pavlowitch, Inc. Mr. Pavlowitch did not receive the original Uniform Business Report. The corporation was incorporated in 2000 and he was not aware of this form or of the May 1st due date.

I respectfully request abatement of all penalties due to the late filing of this report.

If you should have any questions, please do not hesitate in calling.

Very truly yours,

BERENFELD, SPRITZER, SHECHTER & SHEER

A handwritten signature in black ink, appearing to be "P. J. Shechter", written over a horizontal line.

PHILIP J. SHECHTER, CPA

REPLY:

MIAMI OFFICE

9655 South Dixie Hwy., Third Floor, Miami, Florida 33156
Telephone: (305) 274-4600 Telefax: (305) 274-4601

WESTON OFFICE

2237 N. Commerce Parkway, Suite 3, Weston, Florida 33326
Telephone: (954) 370-2727 Telefax: (954) 370-2776