

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 FEB -3 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000029521

1. Corporation Name

DESIGN ENGINEERING & SUPPLY, INC.

2. Principal Office Address

3500 NW BOCA RATON BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

708

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33431

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/22/2000

5. FEI Number

65-0991909

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 05

**7. Name and Address of Current Registered Agent**

Name

ALI N. YEMENICILER

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

3500 NW BOCA RATON BLVD

Suite, Apt. #, Etc.

SUITE # 708

City

BOCA RATON

State

FL

Zip Code

33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 01/28/2005

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ALI N. YEMENICILER	3500 NW BOCA RATON BLVD, 708	BOCA RATON, FL 33431

10. 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

01/28/2005

Date

954-520-5124

Daytime Phone #

CR2E081 (01/05)

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