

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1.2

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
H. B. Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000041257

1. Corporation Name

DEALER DIRECT SALES & MARKETING, INC.

Principal Place of Business

5024 NW 95TH DR
CORAL SPRINGS FL 33076

Mailing Address

5024 NW 95TH DR
CORAL SPRINGS FL 33076

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.
3651 NW 124th Ave
City & State
CORAL SPRINGS FL
Zip
33065 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
3651 NW 124th Ave
City & State
CORAL SPRINGS FL
Zip
33065 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2000

5. FEI Number

65-1006044

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Pres	Bryan Levin	5024 NW 95 th Dr.	Coral Springs FL 33076
V	"	"	"
T	"	"	"

8. Name and Address of Current Registered Agent

LEVIN, BRYAN
5024 NW 95TH DR
CORAL SPRINGS FL 33076

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #: Etc.
City State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date 10-15-2001

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 11-30-2001 Daytime Phone #

- Please Do Not Remove -

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3651N.W. 124th Avenue
Coral Springs, FL 33065
Office (954) 755-5859
Fax (954) 755-5825
e-mail: dealerdirectsm@aol.com

October 30, 2001

Florida Department Of State
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I received a packet containing a letter informing me that my corporation has been Dissolved or Revoked. This was due to me not responding to another package I was to have received. To my knowledge this Dissolution and Revocation package was the only one I've received. The address that these documents were sent to is my home and my address has not changed.

This documentation is not something I take lightly and I would have responded immediately had I had the package.

I am very sorry for any inconvenience this may have caused you and thank you in advance for your consideration of my application.

Sincerely,


Bryan Levin
President