

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 17 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 800000041257

1. Corporation Name

Depler Direct Sales & Marketing, Inc.

2. Principal Office Address

3651 N.W. 124 Ave

Suite, Apt. #, etc.

City & State

Coral Springs, FL.

Zip

33065

Country

Broward

3. Mailing Office Address

3651 N.W. 124 Ave

Suite, Apt. #, etc.

City & State

Coral Springs, FL.

Zip

33065

Country

Broward

300036519393
05/17/04--01068--004 **450.00

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

4/25/2000 WDR

5. FEI Number

651006044

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bryan Levin

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

5024 N.W. 95th Dr

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33076

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

REGISTERED AGENT MUST SIGN

Date 5-13-2004

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
P	Bryan Levin	5024 NW 95th Drive	Coral Springs FL 33076

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

5-13-2004

Date

Daytime Phone #

CR2001 (01/04)



2052
3651 N.W. 124th Avenue
Coral Springs, FL 33065
Office (954) 755-5859
Fax (954) 755-5825
e-mail: dealerdirectbl@aol.com

May 13, 2004

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

To Whom It May Concern:

In 2002 I completed and mailed both my form and check to renew my corporation for the state of Florida. Being I never received any other correspondence from your department I assumed everything was ok. I never received any new forms to date. I am including a check for the apparent 3 years not filed.

If you have any other questions, please feel free to call me.

Bryan Levin



President
Dealer Direct Sales & Marketing, Inc.
65-1006044