

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P00000065645**

1. Corporation Name

**DYEVERSIONS MANAGEMENT, INC.**

FILED

04 AUG -2 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3807 SADDLE RIDGE STREET  
VALRICO FL 33594

Mailing Address

3807 SADDLE RIDGE STREET  
VALRICO FL 33594

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/05/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3659806

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DYE, BRADLEY M	3807 SADDLE RIDGE STREET	VALRICO FL 33594
D	DYE, LINDA M	3807 SADDLE RIDGE STREET	VALRICO FL 33594
D	DYE, ANTHONY R.	6605 NORTHAVEN COURT	RIVERVIEW, FL 33569

700039317257  
07/20/04--01003--008 \*\*\$00.00

700039317257  
08/02/04--01041--003 \*\*\$158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DYE, BRADLEY M  
3807 SADDLE RIDGE STREET  
VALRICO FL 33594

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

7/16/04

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/04

Date

(813) 643-6793

Daytime Phone #

CR2E040 (8/02)

2022

**DYEVERSIONS MANAGEMENT, INC.**  
**3807 Saddle Ridge Street**  
**Valrico, FL 33594**  
**(813) 643-6793**  
**(813) 655-8964 fax**  
**dyeversion@aol.com**

July 16, 2004

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P. O. Box 6327  
Tallahassee, FL 32314

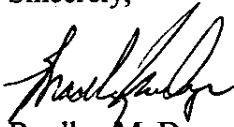
**RE: APPLICATION FOR REINSTATEMENT**

Dear Sirs:

Please find the aforementioned form against Document # P00000065645. The form is attached and filled out. A check in the amount of \$900.00 is enclosed which covers the \$600.00 reinstatement fee, \$150.00 for 2003 and \$150.00 for 2004.

I appreciate your attention in this matter.

Sincerely,

  
Bradley M. Dye  
President

Enclosure