

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF THE COURT
DIVISION OF CORPORATIONS
04 NOV -9 PM 12:54

DOCUMENT # P00000070949

1. Corporation Name

D & E AI Service, Inc.

2. Principal Office Address

5760 mango Rd.

Suite, Apt. #, etc.

City & State

West Palm Bch, FL

Zip
33413

Country

U.S.A.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/24/2000

5. FEI Number

063100277

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

Edward C. Hollifield

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

5760 Mango Road

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33413

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

Edward C. Hollifield

Date

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
PSTD	Edward C. Hollifield	5760 Mango Rd	WPB, FL 33413

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:

Edward C. Hollifield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)