

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000095509

1. Corporation Name

DPI MIAMI, INC.

Principal Place of Business

Mailing Address

~~8905 RAMBLEWOOD DR #2305~~  
~~CORAL SPRINGS FL 33071~~

~~8905 RAMBLEWOOD DR #2305~~  
~~CORAL SPRINGS FL 33071~~

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

2. New Principal Office Address, If Applicable

1150 SW 10th Ave

Suite, Apt. #, etc.

104 E

POMPANO BEACH FL

Zip 33069

Country USA

3. New Mailing Office Address, If Applicable

1150 SW 10th Ave

Suite, Apt. #, etc.

104 E

POMPANO BEACH FL

Zip 33069

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/2000

5. FEI Number

65-1046388

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
HALINA P	HALINA ADAMSKA	8905 RAMBLEWOOD DR #2305	CORAL SPRINGS FL 33071
			100004718341--2
			-12/11/01--01039--021
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

ADAMSKA, HALINA  
8905 RAMBLEWOOD DR #2305  
CORAL SPRINGS FL 33071

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

*Halina Adamska*  
REGISTERED AGENT MUST SIGN

Date

11/05/01

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:

*Halina Adamska*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HALINA ADAMSKA

11/05/01

Date

954-785-8787

Daytime Phone #