

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000099681

1. Corporation Name

DJD SUPPLIES, INC.

Principal Place of Business

Mailing Address

8101 SW 197 TERRACE
MIAMI FL 33189

8101 SW 197 TERRACE
MIAMI FL 33189

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2000

5. FEI Number

65-1052096

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	FLOWERS, DELORES D	8101 SW 197 TERRACE 16707 OLD CUTLER RD.	MIAMI FL 33189 33157
D	FLOWERS, DARRIAN Damian	8101 SW 197 TERRACE 16707 OLD CUTLER RD.	MIAMI FL 33189 33157

200024024422
10/22/03--01067--027 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRICE, IRA B ESQ
9100 S DADELAND BLVD SUITE 1701
MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

D. Flowers

Date

10-14-03

REGISTERED AGENT MUST SIGN

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:

Delores D. Flowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-03

305-971-8722

10-14-03

Delores D. Flowers
D.S.D. Supplies, Inc.
16707 Old Cutler Rd.
Miami, Fl. 33157
305-254-7105
Fed # 65-1052096

Dear Sir / Madam:

I received this notice of dissolution of the corporation from my neighbor last week. This is the first time I have received any notice. My Attorney was supposed to have corrected the address over a year ago.

Could you be so kind as to waive the reinstatement fee. Our company is struggling to survive as it is.

Sincerely
Delores D.P