

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR -2 AM 11:17

TALLAHASSEE, FLORIDA

DOCUMENT # **P00000104875**

1. Corporation Name

**Dilbert, Inc.**

W04-10665

2. Principal Office Address

**210 Colony Way W.**

Suite, Apt. #, etc.

3. Mailing Office Address

**210 Colony Way W.**

Suite, Apt. #, etc.

City & State

**Jupiter, FL**

City & State

**Jupiter, FL**

Zip

**33458**

Country

**US**

Zip

**33458**

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/6/2000**

5. FEI Number

**65-1054469**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**800030505418**

04/02/04--01018--003 \*\*150.00

7. Name and Address of Current Registered Agent

Name

**Keith Buttrick**

**800030505418**

03/16/04--01026--007 \*\*30.00

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

**210 Colony Way W.**

Suite, Apt. #, Etc.

City

**Jupiter**

State

**FL**

Zip Code

**33458**

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

**3/10/04**

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
Pres.	Keith Buttrick	210 Colony Way W.	Jupiter, FL 33458

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)(f), 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

**Keith Buttrick**

**3/10/04**

Date

**561-744-9395**

Daytime Phone #

CR2E081 (01/04)

272

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Dilbert, Inc.  
EIN 65-1054469

March 10, 2004

To Whom It May Concern:

Attached please find my Corporation Reinstatement form. I am requesting a waiver of the reinstatement fees, since I have not received any annual report forms or notification of reports due. My accountant said that 2001 had been filed. That must have been filed by him, as I had no knowledge that it was required.

I am enclosing a check in the amount of \$300 to cover the fees for 2002 and 2003. I will file 2004 on-line. Please send me the postcard so I know what report to file.

Thank you for your time and consideration.

Sincerely,



Keith Buttrick