

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
CORPORATIONS

FILED

02 OCT 30 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000112873

1. Corporation Name

D & M CONSTRUCTION GROUP, INC.

Principal Place of Business

6013 WILLIAMSBURG WAY
TAMPA FL 33625

Mailing Address

6013 WILLIAMSBURG WAY
TAMPA FL 33625



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

12/04/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3712327

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	FORINO, DONALD J	6013 WILLIAMSBURG WAY	TAMPA FL 33625

100008696761
10/30/02--01044--018 **150.00

8. Name and Address of Current Registered Agent

FORINO, DONALD J
6013 WILLIAMSBURG WAY
TAMPA FL 33625

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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

10/20/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD J. FORINO

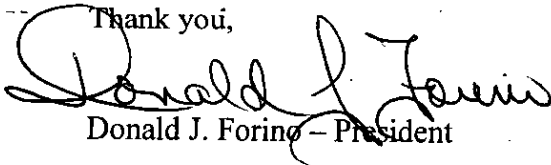
Date

Daytime Phone #

2131
10/20/02 299-0203

Enclosed is a check for \$ 150.00 annual report fee and our Application for Reinstatement for our corporation. We have no record of ever receiving the prior UBR notices and request the \$ 600.00 reinstatement fee is waived.

Thank you,

A handwritten signature in cursive script, appearing to read "Donald J. Forino".

Donald J. Forino - President