

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC 11 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002527

1. Corporation Name

DyOnyx Contracting Corporation

100163183381  
11/30/09--01043--016 \*\*308.75

2. Principal Office Address - No P.O. Box #

1420 NE 16<sup>th</sup> Ave

Suite, Apt. #, etc.

3. Mailing Office Address

7711 Baggins Rd

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Hanover, MD

Zip

33304

Country

USA

Zip

21076

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8 Jan 2002

5. FEI Number

59-3691816

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

Laverne Fernander

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

1420 NE 16<sup>th</sup> Ave

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33304

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

100163183381  
12/11/09--01041--003 \*\*150.00

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

Laverne Fernander

Date 11-20-09

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
PST	Laverne Fernander	1420 NE 16 <sup>th</sup> Ave	Ft. Lauderdale, FL 33304

10. E-mail Address: lgmeswain@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Laverne Fernander

Laverne Fernander

11-20-09 995-7308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #