

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -5 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000035593

1. Corporation Name

DPL Investments Corp.

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

528 S. Polk Dr

Suite, Apt. #, etc.

3. Mailing Office Address

1770 W. State St.

Suite, Apt. #, etc.

#108

City & State

Sarasota, FL

City & State

Boise, ID

Zip

34236

Country

USA

Zip

83702

Country

USA

900189811689

01/05/11--01037--005 **150.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/2001

5. FEI Number

65-1089489

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

Patricia Hamm

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

528 S. Polk Drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

REINSTATEMENT

10

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

Patricia Hamm

REGISTERED AGENT MUST SIGN

Date

12/31/10

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
P	Patricia Hamm	1770 W. State St. #108	Boise, ID 83702

10. E-mail Address:

(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:

Patricia Hamm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/31/10

208-353
0239

Daytime Phone #