

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

MAR -2 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD/000064425

1. Corporation Name

D.R.S. Management 2001, Inc.

2. Principal Office Address

P.O. Box 55/538

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIA

City & State

FL

Zip

33055

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1119853

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

Barbara Sweet

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

445 N.W. 210th #205

Suite, Apt. #, Etc.

City

MIA

State

FL

Zip Code

33169

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

Barbara Sweet

REGISTERED AGENT MUST SIGN

Date

3/1/04

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
P	Barbara Sweet	P.O. Box 55/538	MIA, FL 33055
VP	Eric Sweet	P.O. Box 55/538	MIA, FL 33055

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)(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:

Barbara Sweet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

Date

Daytime Phone #

954/2350843

CR2E081 (10/02)

**D.R.S. Management (2001), Inc.**

**P.O. Box 551538, Miami, FL 33055**

**Telephone (954) 442-6562**

MARCH 1,2004

Secretary of State  
Division of corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: Document #P01000064425, Renewal**

To Whom It May Concern:

Dear Madam,

Pursuant to our conversation today, please be advised that we did not receive a 2003 Uniform Business Report in January at all. Based on your recommendation we are submitting a Corporation Reinstatement as well as cashiers check for \$300.00. Will it be possible for you to waive any other fees that have been incurred?

Thank you,

A handwritten signature in black ink, appearing to read "Barbara Sweet", with a stylized, flowing script.

Barbara Sweet  
President