

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000085274**

1. Corporation Name

D.C. TELECOM CONSULTING, INC.

Principal Place of Business

Mailing Address

**4842 SW 32ND TERRACE
FORT LAUDERDALE FL 33312**

**4842 SW 32ND TERRACE
FORT LAUDERDALE FL 33312**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2001

5. FEI Number

65-1137274

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	CHOWEN, DANA	4842 SW 32ND TERRACE	FORT LAUDERDALE FL 33312

900024092009
10/24/03--01067--016 **150.00

8. Name and Address of Current Registered Agent

**TOSKES, STEVEN D ESQ
900 NORTH FEDERAL HIGHWAY SUITE 200
BOCA RATON FL 33432**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

DANA Chowen
4842 SW 32nd TER.
FT. Lauderdale **FL** **33312**

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

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

10/22/03 **954-961-2000**

FILED

03 OCT 24 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

To: Div. of Corporations
Annual Report/Reinstatement Section
PO Box: 6327
Tallahassee, FL 32314-6327

Re: P01000085274

From: Dana W. Chowen
DC Telecom Consulting
4842 SW 32nd Ter.
Ft. Lauderdale, FL 33312

To Whom It May Concern:

The attached notice of reinstatement was the first notification that I had received from your office. I do not want my corporation to be dissolved and have enclosed the completed application and the \$150.00 dollar fee. Once again, I had not been notified about this situation until just recently and have dispatched the required info as soon as I had it. If you have any questions or concerns, please do not hesitate to contact me immediately.

 Sincerely,

Dana W. Chowen
DC Telecom Consulting
4842 SW 32nd Ter.
Ft. Lauderdale, FL 33312
954-961-2000 or 954-600-3262