

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000087482

1. Corporation Name

DFL ENTERPRISES, INC.

Principal Place of Business

813 N ATLANTIC DRIVE
LANTANA FL 33462

Mailing Address

813 N ATLANTIC DRIVE
LANTANA FL 33462

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



700009463957
12/11/02--01025--005 **150.00

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/2001

5. FEI Number

65-1136341

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | FLORES, DONNA | 813 N ATLANTIC DRIVE | LANTANA FL 33462 |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

FLORES, DONNA
813 N ATLANTIC DRIVE
LANTANA FL 33462

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

Donna Flores
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-21-02

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:

Donna Flores
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-02 561-582-0575
Date Daytime Phone #

DFL Enterprises, Inc.

Donna Flores, President
813 N Atlantic Dr
Lantana
FL 33462

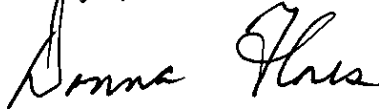
December 6, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I received a letter stating that my corporation, DFL Enterprises, is administratively dissolved, or revoked as of October 4, 2002, for failure to file an annual report. I am writing to request that you please waive the reinstatement fee, as I do not recall receiving a second notice. I thought the report was filed and the fee paid in April 2002 when my accountant filed my taxes. This was an oversight on my part due to the fact that this is my first year of trying to establish this business. It will not happen again. I have been struggling to break even with the corporation and would really appreciate if you waive the fee. I have enclosed a check for \$150 for the fee to file a report.

Thank you,



Donna Flores
President/Director