

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000106141**

1. Corporation Name

D. P. MERIDIEN, INC.

Principal Place of Business

Mailing Address

**1451 NW 112TH WAY
CORAL SPRINGS FL 33071**

**1451 NW 112TH WAY
CORAL SPRINGS FL 33071**

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

11/02/2001

5. FEI Number

APPLIED FOR

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
D	DERAVILE, WILLIO	1451 NW 112TH WAY	CORAL SPRINGS FL 33071

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DERAVILE, WILLIO
1451 NW 112TH WAY
CORAL SPRINGS FL 33071**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Willio Deravile
REGISTERED AGENT MUST SIGN

Date **10-9-03**

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:

Willio Deravile
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Willio Deravile
D.P Meridien Inc
1451 NW 112 Way
Coral Springs, FL 33071

Department of State
Division of Corporations
Tallahassee, FL 32314

October 9, 2003

Sir/Madam

I am sending this letter in response to a notice that I have received from your office. The notice mentions that 2 previous one were mailed to me. I apologize for not answering the fact is that I never received them. I do not doubt that they were sent but for some personal family reason I had to move out of the above address.

I am signing the form and sending it with the fee. I hope this is o.k.
If there is any other form that I should send, please let me know. I am back at the same address.

Sincerely


Willio Deravile