

2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000015094**1. Corporation Name**

DNL Services, Inc.

**2. Principal Office Address**

15287 96th Lane North

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City &amp; State

West Palm Beach, FL

City &amp; State

Zip

33412

Country

USA

Zip

Country

**REINSTATEMENT** B-34**4. Date Incorporated or Qualified  
To Do Business in Florida****5. FEI Number**

04-3604438

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

Dale Levesque

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

15287 96th Lane North

Suite, Apt. #, Etc.

City

West Palm Beach,

State

FL

Zip Code

33412

**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 Agentx Dab

Date

3/1/04

REGISTERED AGENT MUST SIGN

**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	Dale Levesque	15287 96th Lane North	West Palm Beach, FL 33412

900028407849  
02/09/04--01036--010 \*\*150.00

**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:

x Dab

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

Date

561-792-4086

Daytime Phone #

CR2E081 (10/02)

03/01/04  
~~January 19, 2004~~

Dear Sirs: \_\_\_\_\_

This letter is a request for abatement of the late filing penalty for my corporation.

I did not receive the corporate packet in the mail because I moved from my original address but moved back again just recently.

Enclosed is my reinstatement application with a check for \$150.

Sincerely,

Dale Levesque

Dale Levesque