

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000028823**

1. Corporation Name

DANGEROUS GOODS SPECIALIST, INC.

Principal Place of Business

Mailing Address

1850 NW 84 AVE
SUITE 108N
MIAMI FL 33122

1850 NW 84 AVE
SUITE 108N
MIAMI FL 33122

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

03-0424248

Not Applicable

Zip

Country

Zip

Country

33126

USA

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
P	LESSA, RICHARD	10865 SW 112 AVE #203	MIAMI FL 33122
			800023869208 11/14/03--01011--029 **80.00
			800023869208 10/17/03--01016--011 **70.00

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LESSA, RICHARD
1850 NW 84 AVE
SUITE 108N
MIAMI FL 33122

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/13/03**

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:

[Signature] **Richard Lessa**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03
Date

3055193425
Daytime Phone #

CR2E040 (7/03)



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To Whom It May Concern:

Please waive the Reinstatement Fee since the annual report form was not received by my company.

Regards,

Richard O. Lessa

Dangerous Goods Specialist, Inc.

1850 NW 84th Avenue Suite 108

Miami, Florida 33126

Ph: 305-599-7147

Cel: 305-519-3425