

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAY 16 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055024

1. Corporation Name

D. P. O'Brien, Inc.

2. Principal Office Address - No P.O. Box #

5230 NE 29th Ave

Suite, Apt. #, etc.

City & State

Lighthouse Point FL

Zip

33064

Country

US

3. Mailing Office Address

5230 NE 29th Ave

Suite, Apt. #, etc.

City & State

Lighthouse Point FL

Zip

33064

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

05/16/2002

5. FEI Number

04-3666304

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

Daniel P. O'Brien

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

5230 NE 29th Ave

Suite, Apt. #, Etc.

City

Lighthouse Point FL

State

FL

Zip Code

33064

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Agent

REGISTERED AGENT MUST SIGN

Date

5/16/08

**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
D	Daniel P. O'Brien	5230 NE 29th Ave	Lighthouse Point FL 33064

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 contained in Chapter 119, 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

5/16/08

Daytime Phone #

(934) 410-5525

Michael

MAY 16 2008

2082

## D. P. O'Brien, Inc.

5230 NE 29<sup>th</sup> Ave  
Lighthouse Point FL 33064  
Tel: 954-410-5575

May 7, 2008

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Re: Corporate Reinstatement  
P02000055024

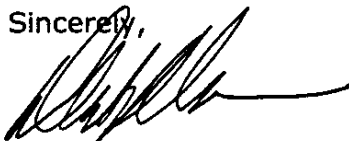
To Whom It May Concern:

As per our phone conversation with your office on this date, please find enclosed a completed reinstatement form and check for \$450.00 for the reinstatement of D.P O'Brien, Inc.

As we discussed, this corporation's dissolution was a result of not receiving the reminder notifications, probably as a result of address changes that took place during that time period.

We appreciate your understanding and assistance in this matter.

Sincerely,



Daniel P. O'Brien  
Director  
DPO/ab  
enc.