

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055797

1. Corporation Name

DBL ENTERPRISES, INC.

REINSTATEMENT *03*

900024481339
11/06/03--01046--006 **\$600.00

2. Principal Office Address

3593 Sabal Springs Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

317 Woodbridge Drive

Suite, Apt. #, etc.

City & State

North Fort Myers, FL

City & State

Grand Blanc, MI

Zip

33917

Country

USA

Zip

48439

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/2002

5. FEI Number

90-0036000

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

Dennis Leitgeb

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

3593 Sabal Springs Boulevard

Suite, Apt. #, Etc.

City

North Fort Myers

State

FL

Zip Code

33917

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

Date October 21, 2003

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
D/P/T	Leitgeb, Dennis	3593 Sabal Springs Blvd.	North Fort Myers, FL 33917
D/V/S	Leitgeb, Barbara	3593 Sabal Springs Blvd.	North Fort Myers, FL 33917

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Leitgeb

10/21/03

Date

(239) 731-7432

Daytime Phone #

CR23201 (10/02)