

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 24 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000090389

1. Corporation Name

DLD MARKETING CONCEPTS, INC.

Principal Place of Business

1888 SW 53RD AVENUE
PLANTATION FL 33317

Mailing Address

1888 SW 53RD AVENUE
PLANTATION FL 33317

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2002

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	DRUIEN, DEBBIE L D	1888 SW 53RD AVENUE	PLANTATION FL 33317

500024097255
10/24/03--01070--021 **158.75

8. Name and Address of Current Registered Agent

DRUIEN, DEBBIE L D
1888 SW 53RD AVENUE
PLANTATION FL 33317

9. Name and Address of New Registered Agent

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

Debbie L. D. Druien

REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

DEBBIE L. D. DRUIEN *Debbie L. D. Druien* 934-587-4861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

Daytime Phone #

CR2E040 (7/03)



Division of Corporations

Ms. Glenda E. Hood

Secretary of State

Annual Report/Reinstatement Section

PO Box 6327

Tallahassee, FL 32314-6327

Ms. Hood,

When I returned to my office, I had the Notice of Administrative Dissolution or Revocation, for my business.

I had not received anything prior to this regarding my corporation. There is no change of status regarding officers or address.

My business is a year old and I have been trying to survive and grow without a loan. Fees such as these are quite difficult for a new company.

Should you have any questions, please do not hesitate to call.

Sincerely,

Debbie L.D. Druen

President

954-587-4861