

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 23 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000102479

1. Corporation Name

D & T Urban Exposure

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

6550 NW 186 street

Suite, Apt. #, etc.

3. Mailing Office Address

6550 NW 186 st.

Suite, Apt. #, etc.

City & State

Miami FL

Zip Country

33015 USA

City & State

Miami FL

Zip Country

33015 USA

4. Date incorporated or Qualified
To Do Business in Florida

9/23/2002

5. FEI Number

11-3654805

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

Tomer Pessi

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

5554 SW 28 Ter.

Suite, Apt. #, Etc.

City

Fort Lauderdale FL

State

FL

Zip Code

33312

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

[Signature]

Tomer Pessi

Date 4/22/2010

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
DP	Tomer Pessi	5554 SW 28 th Ter	Fort Lauderdale FL 33312
DST	Dani Shimon	3541 North 34 th Ave	Hollywood FL 33021

10. E-mail Address: tommyp555@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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]

Tomer Pessi

4/22/10

954-4782978
305-8213995

SIGNATURE AND DATED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26 CW