

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 16 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118543

1. Corporation Name

D&D MARKETING AND CONSULTING SERVICES, INC.

Principal Place of Business

4554 CENTRAL AVE N.
SUITE G
ST. PETERSBURG FL 33711

Mailing Address

4554 CENTRAL AVE N.
SUITE G
ST. PETERSBURG FL 33711

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

2. New Principal Office Address, If Applicable

4554 Central Ave.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33711

Country

U.S.A.

3. New Mailing Office Address, If Applicable

4554 Central Ave.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33711

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2002

5. FEI Number

11-3658262

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SCARPINATO, DEAN	4554 CENTRAL AVE N., SUITE G L	ST. PETERSBURG FL 33711
D	ARMSTRONG, DEBRA JEAN	4554 CENTRAL AVE N., SUITE G L	ST. PETERSBURG FL 33711
		4554 Central Ave N. Suite L	
		4554 Central Ave N. Suite L	700023854027
			10/16/03 01033 008 **150.00

8. Name and Address of Current Registered Agent

SCARPINATO, DEAN
4554 CENTRAL AVE N.
SUITE G L
ST. PETERSBURG FL 33711

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

[Signature]
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:

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

Date

10/10/03

Daytime Phone #

CR2E040 (7/03)

October 10, 2003

To: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

From: Dean Scarpinato
4554 Central Ave., Suite L
St. Petersburg, FL 33711

Subject: D & D Marketing Consulting Services, Inc.

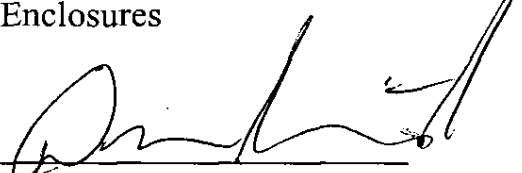
RE: Reinstatement Fee

Please except this as notification from Dean Scarpinato, the registered agent for D & D Marketing and Consulting Services, Inc., that we did **not** receive the UBR notices.

I have enclosed check Number 1456 in the amount of \$150.00 to be reinstated.

Thank you.

Enclosures


Dean Scarpinato