

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000134788

1. Corporation Name

D & R SOLUTIONS, INC.

Principal Place of Business

1206 SW 8TH ST  
CAPE CORAL FL 33991

Mailing Address

1206 SW 8TH ST  
CAPE CORAL FL 33991

REINSTATEMENT

FILED  
03 OCT 30 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



900023770929  
10/14/03--01003--027 \*\*150.00

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

12/27/2002

5. FEI Number

582533087

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DIDONATO, MARK	1206 SW 8TH ST	CAPE CORAL FL 33991
D	RICE, CASSIE	1206 SW 8TH ST	CAPE CORAL FL 33991

900023770929  
10/30/03--01008--013 \*\*600.00

8. Name and Address of Current Registered Agent

RICE, CASSIE  
1206 SW 8TH ST  
CAPE CORAL FL 33991

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

*CASSIE RICE*

REGISTERED AGENT MUST SIGN

Date Oct 6 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:

*CASSIE RICE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 6 03 239 5743819  
Date Daytime Phone #

CR2E040 (7/03)