

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 13 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000090036

1. Corporation Name

D & R CUSTOMS, INC

2. Principal Office Address

2851 AVENUE OF THE AMERICA'S

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL

Zip
34224

Country

US

3. Mailing Office Address

2851 AVENUE OF THE AMERICA'S

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL

Zip
34224

Country

US

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida **8/18/2003**

5. FEI Number

20-0157251

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

SUE A DRUMMER

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

140 W GREEN ST

Suite, Apt. #, Etc.

City

ENGLEWOOD

State

FL

Zip Code

34223

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

REGISTERED AGENT MUST SIGN

Date **10*17*2006**

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
P	DONNIE STEPHENS	10192 WILLOWOOD	ENGLEWOOD, FL 34224

600081304236

10/27/06--01058--014 **150.00

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 contained in Chapter 119, 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

Date

10-18-06

Daytime Phone #


FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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In late 2005 I moved my business to a new location. During this change, I did not receive my card for my annual report. Because of the move and all the subsequent chaos, I did not realize that I had not received it until I got the notice of dissolution.

I would ask to be reinstated for the filing fee of 150.00 as I do not believe that I ever received the notice.

thank you for your consideration

A handwritten signature in black ink, appearing to be 'Donnie Stephens', with a stylized, cursive script.

Donnie Stephens