

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000120895

1. Entity Name
DCT SALES, SERVICE & LEASING CORP.



FILED

05 JAN 14 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
661 NE 51ST ST.
MIAMI, FL 33137

Mailing Address
661 NE 51ST ST.
MIAMI, FL 33137

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

4. FEI Number

26-0440418

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, RICHARD C
9130 SOUTH DADELAND BLVD., SUITE 1209
MIAMI, FL 33156-7848

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard C Lewis 11-13-04

Signature, Date or printed name of registered agent and title if applicable.

Signature, Date or printed name of new registered agent and title if applicable.

DATE

FILE NUMBER: SEE TO \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	PFLUM, JEFFREY	661 NE 51ST ST.	MIAMI, FL 33137	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
		900043124449	12/02/04--01017--014	**150.00	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
		000044769330	01/14/05--01024--003	**150.00	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption imposed in Section 807.193(2)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11.

SIGNATURE

[Signature]

Signature, Date or printed name of current registered agent and title if applicable.

11-29-04

DATE

Signature/Printed Name