

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 SEP -7 AM 5:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000126884

1. Corporation Name

DL Wells Triumphant Enterprises, Inc

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

2831 Blueslate Ct

Suite, Apt. #, etc.

3. Mailing Office Address

2831 Blueslate Ct

Suite, Apt. #, etc.

City & State

Land O Lakes FL

Zip

34638

Country

US

City & State

Land O Lakes FL

Zip

34638

Country

US

REINSTATEMENT 05-07

4. Date Incorporated or Qualified  
To Do Business in Florida

8/30/04

5. FEI Number

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

Derrick L Wells

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

2831 Blueslate Ct

Suite, Apt. #, Etc.

City

Land O Lakes

State

FL

Zip Code

34638

☐ The 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

REGISTERED AGENT MUST SIGN

Date 8/31/07

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	Derrick L Wells	2831 Blueslate Ct	Land O LAKES, FL 34638
VP	Margo Bruner	9645 A Homestead Ct	Laurel, MD 20723
Sec	Melanie Sellers	13831 Lord Fairfax Pl	Upper Marlboro, MD 20772
TRS	Rashanda Webber	2831 Blueslate Ct	Land O LAKES, FL 34638
D	Adria Johnson	6416 Blarney Stone Ct	Springfield, VA 22152
000108215000 09/07/07--01042--012 **1050.00			

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

8/31/07 (813) 948-4397  
Date Daytime Phone #