2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000165423			FILED
Entity Name DULCINEA CORP.			07 OCT 17 AM 10: 59
Principal Place of Business 137 COMMODORE DRIVE	Mailing Address	/E	ULCONLIANT OF STATE TALL AMASSEE, FLORIDA
JUPITER, FL 33477 2. Principal Place of Business - No P.O. Box #	JUPITER, FL 33477		
1/8 CLIPPER LANE Suite, Apt. #. etc.	1/8 CLTPPEN Suite, Apt. #, etc.	e lane _	O912 REINSTATEMENTS (1/06-0
City & State JUPITER FL	City & State	Fı	4. FEI Number Applied For Not Applied For Not Applied For
Zip Country 33477 USA	33477	Country U.S.A	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Currer		00.1	7. Name and Address of New Registered Agent
MESHBERG, RONALD N 137 COMMODORE DRIVE JUPITER, FL 33477	-	Street Addres	RTH ROSENKRANCE ss (P.O. Box Number is Not Acceptable) L, KRICLOW, Dytrych & CO.
		500	University Blvd. Suite 215
		City Ju	PITER FL 33458
the obligations of registered agent. SIGNATURE SIGNATURE	hm_	E: Registered Agent signature re	stered agent, or both, in the State of Florida. Fam familiar with, and accept
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AN	D DIRECTORS Delete	TI.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
MESHBERG, RONALD N 137 COMMODORE DRIVE DITY-ST-ZIP JUPITER, FL 33477	es bloce	NAME STREET ADDRESS CITY-ST-ZIP	400110897824 10/17/0701038010 ++900.00
ITTLE D MESHBERG, TINA H STREET ADDRESS 137 COMMODORE DRIVE	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
ury-st-zip JUPITER, FL 33477		CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-2P		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE HAME STREET ADDRESS JITY-ST-ZIP	Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
ITLE AME TREET ADORESS ITY-ST-ZIP	☐ Detete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition
ITLE IAME ITREET ADDRESS ITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition
I hereby certify that the information supplied w indicated on this report or supplemental report	is true and accurate and that no powered to execute this report	r the exemptions contain ny signature shall have t as required by Chapter	ned in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
CICNATUDE: 0	$ \sim$ \sim		11 Oct 07
SIGNATURE:	R PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Oate Daytime Phone I