

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -4 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 07000021985

1. Corporation Name

DEFENSIVE SHOOTING INSTRUCTORS, INC.

REINSTATEMENT 08-10

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

733 S.W. 110 LANE

Suite, Apt. #, etc.

SUITE 205

City & State

PEMBROKE PINES, FL.

Zip

33025-6994

Country

BROWARD

3. Mailing Office Address

733 S.W. 110 LANE

Suite, Apt. #, etc.

SUITE 205

City & State

PEMBROKE PINES, FL.

Zip

33025-6994

Country

BROWARD

400181712944
06/04/10--01034--016 **450.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

16TH FEB. 2007

5. FEI Number

56-2643035

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

MARK WITTENBERG

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

733 S.W. 110 LANE

Suite, Apt. #, Etc.

SUITE 205

City

PEMBROKE PINES

State

FL

Zip Code

33025-6994

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Mark Wittenberg

Date 26 MAY 2010

REGISTERED AGENT MUST SIGN

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
CEO	MARK WITTENBERG	733 SW 110 LANE; SUITE 205	PEMBROKE PINES, FL. 33025-6994

10. E-mail Address: MARK@DEFENSIVESHOOTINGINSTRUCTORS.COM

(To be used for future annual report notification)

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, I further certify, 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:

Mark Wittenberg

MARK WITTENBERG

26TH MAY 2010 786 366 4685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #