

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000079266

1. Corporation Name

DON ENGINEERING INC.

WI-26436

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

31 SE 5th St.

Suite, Apt. #, etc.

2911

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

31 SE 5th St.

Suite, Apt. #, etc.

2911

City & State

MIAMI, FL

Zip

33131

Country

USA

7. Name and Address of Current Registered Agent

Name

Christopher Cousine

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

31 SE 5th St.

Suite, Apt. #, Etc.

2911

City

MIAMI

State

FL

Zip Code

33131

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/5/2010

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
<u>P</u>	<u>Christopher Cousine</u>	<u>31 SE 5th St. # 2911</u>	<u>MIAMI, FL 33131</u>

10. E-mail Address: CHRISTOPHER.COUSINE@HOTMAIL.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: [Signature] CHRISTOPHER COUSINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/5/2010

Daytime Phone # 305-491-3327

10 JUN 17 PM 4:31

STATE OF FLORIDA
TALLAHASSEE

600181474256
06/17/10--01035--016 **150.00

600181474256
05/28/10--01020--005 **300.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/11/2007

5. FEI Number

26-0546918

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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.

5/5/10

1/18