PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 DEC 27 PM 1:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # P07000134166

1. Corporation Name
DNT PAYROLL SERVICES, INC.

700322493047
12/27/18--01032--001 **755.00

CR2E081 (11/13)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
29 SW Seminole Street	29 SW Seminole Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34994 Country: USA	Zip: 34994 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/21/2007

5. FEI Number: 26-1624904 ☐ 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: Legalinc Corporate Services Inc.

Street Address (P.O. Box Number is Not Acceptable): 5237 Summerlin Commons Suite 400

Suite, Apt. # (if):

City: Fort Myers State: FL Zip Code: 33907

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Dana Case Date: 12.26.18

REGISTERED AGENT MUST SIGN Dana Case, Manager

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/D	Robert C Halgas	29 SW Seminole Street	Stuart, FL 34994
T/D	Patrick Caprarola	301 Commerce Drive	Moorestown, NJ 08057

10. E-mail Address: reports@mycorporation.com
(To be used for future annual report notification)

I certify that I am an officer or director of the reporter or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon 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., and that all fees owed to 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 12/5/18 877-692-6772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert C Halgas, President

T MOORE
DEC 28 2018