

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 17 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P08000016409**

1. Corporation Name

DTI Enterprise, Inc.

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

12033 Gandy Blvd

Suite, Apt. #, etc.

135

City & State

Saint Petersburg, FL

Zip

33702

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified

To Do Business in Florida 02/13/2008

5. FEI Number

26-2007219

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

Dean Tsoupeis

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

12033 Gandy Blvd.

Suite, Apt. #, Etc.

135

City

Saint Petersburg

State

FL

Zip Code

33702

☒ 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

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	Dean Tsoupeis	12033 Gandy Blvd. #135	St. Petersburg, FL 33702

10. E-mail Address: dean@culturingsolutinos.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/10 727-686-5291

2/18/10