

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000069920

Entity Name: D.P.A. CORP.

**FILED**  
**Oct 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2405 E.F. GRIFFIN RD. #8  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

2405 E.F. GRIFFIN RD. #8  
BARTOW, FL 33830

**New Mailing Address:**

FEI Number: 90-0749537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KUYLENSTIERNA, JAN M ESQ  
8950 SW 74 CT STE 1710  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAN KUYLENSTIERNA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARCONI, VINCENZO  
Address: 1257 VISTA HILLS DR  
City-St-Zip: LAKELAND, FL 33813

Title: TD  
Name: DELGADO, LUIS  
Address: 6534 EAGLE RIDGE WAY  
City-St-Zip: LAKELAND, FL 33813

Title: S  
Name: MENIN, FELIX  
Address: RES VILLA LEO CASA 7 AV BOLIVAR LOS  
City-St-Zip: RASTROJOS,CAB ESTADA LARA VZ, XX XX

Title: D  
Name: MARCONI, ENZO  
Address: 1257 VISTA HILLS DR  
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUIS DELGADO

TD

10/25/2012

Electronic Signature of Signing Officer or Director

Date