

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL -2 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049860

1. Corporation Name

DERA, INC.

2. Principal Office Address

162 Brent Circle

Suite, Apt. #, etc.

3. Mailing Office Address

162 Brent Circle

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Oldsmar, FL

Zip

34677

Country

USA

Zip

34677

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

July 15, 1993

5. FEI Number

65-0484500

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

Gregory A. Fox

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

28050 U.S. 19 North, Suite 100

Suite, Apt. #, Etc.

Suite 100

City

Clearwater

State

FL

Zip Code

33761

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

*Gregory A. Fox*

REGISTERED AGENT MUST SIGN

Date

6/19/03

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
DP	Laszlo Adler	162 Brent Circle	Oldsmar, FL 34677
DS	George Gomory	162 Brent Circle	Oldsmar, FL 34677
VP	Steve Szasz	162 Brent Circle	Oldsmar, FL 34677
DT	Edith Korda	162 Brent Circle	Oldsmar, FL 34677
D	George Bozoki	162 Brent Circle	Oldsmar, FL 34677
D	Janos Balog	162 Brent Circle	Oldsmar, FL 34677
D	Veronica Shavitt	162 Brent Circle	Oldsmar, FL 34677

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

*Gregory A. Fox*, Vice-President 6/19/03 (813) 925-1260

Date

Daytime Phone #

CR2E081 (10/02)

777