

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000019446**

1. Corporation Name

D & D UTILITIES, INC.

Principal Place of Business

5911 SW 21ST ST.
HOLLYWOOD FL 33023

Mailing Address

5911 SW 21ST ST.
HOLLYWOOD FL 33023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1994

5. FEI Number

65-0471744

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DWYER, JAMES	3113 HARRISON ST.	HOLLYWOOD FL 33021
D	DWYER, RACHEL	3113 HARRISON ST.	HOLLYWOOD FL 33021
			500008614065 10/28/02--01059--015 **750.00

8. Name and Address of Current Registered Agent

SHEDELL, TAMAR D
3200 N.E. 14TH ST. CAUSWAY
SUITE 600
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name JAMES DWYER
Street Address (P.O. Box Number is Not Acceptable)
5911 SW 21 STREET
Suite, Apt. #, Etc.
City Hollywood State FL Zip Code 33023

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

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10.27.02

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES DWYER

Date 10.27.02
Daytime Phone #

CR2E040 (8/02)