

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

97  
A/M

FILED

97 OCT 29 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000020903**

1. Corporation Name

**D.P. PRODUCTS COMPANY**

Principal Place of Business

Mailing Address

~~105 ISLAND DR.~~  
JUPITER FL 33477

~~105 ISLAND DR.~~  
JUPITER FL 33477

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business In Florida

03/17/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

111 COMMODORE DRIVE

111 COMMODORE DRIVE

JUPITER, FLORIDA

JUPITER, FLORIDA

33477

U.S.A.

33477

U.S.A.

5. FEI Number

65-0474457

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PELTZ, DOREE H	195 ISLAND DR.	JUPITER FL 33477

500002343715--0  
-11/10/97--01177--015  
\*\*\*\*165.00 \*\*\*\*165.00  
SC  
10-31-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PELTZ, DOREE H  
195 ISLAND DR.  
JUPITER FL 33477

Name

PELTZ, DOREE HARR

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

111 COMMODORE DRIVE

Suite, Apt. #, Etc.

JUPITER

City

State  
FL

Zip Code

33477

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.

Signature of Registered Agent

*Doree Harr Peltz*  
REGISTERED AGENT MUST SIGN

Date 10-25-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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:

*Doree Harr Peltz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/97

Date

561-744-2863

Daytime Phone #

CR2040 (8/97)

(2)

D.P. COMPANY  
111 Commodore Drive  
Jupiter, Florida 33477  
Tel. 561-744-2863  
Fax 561-744-1643

10/25/97

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

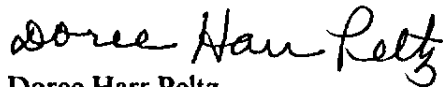
To The Responsible Party:

As advised, we are herewith submitting a check in the amount of \$165.00 which will comply with the reinstatement requirement.

You would be advised that our address changed last spring and we never received any documents for the submission of our annual report.

Thank you in advance for your understanding.

Sincerely,



Doree Harr Peltz  
Manager