

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000023962

1. Corporation Name

DSM ENTERPRISES, INC.

Principal Place of Business  
6814 HWY 331 SOUTH  
DEFUNIAK SPRINGS FL 32433  
US

Mailing Address  
6814 HWY 331 SOUTH  
DEFUNIAK SPRINGS FL 32433  
US

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

03/24/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3235649

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	EDDINS, MONTY	6814 HWY 221 SOUTH	DEFUNIAK SPRING FL
D	SHERMAN, DAN	465 WEST SPRUCE ST	DEFUNIAK SPRINGS FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDDING, WILLIAM MONTY  
183 ROBERT AVE  
NICEVILLE FL 32578

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Monty Eddins*

REGISTERED AGENT MUST SIGN

Date

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:

*Monty Eddins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

10/26/97

904-951-0474

Date

Daytime Phone #

FILED

97 NOV -7 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CR2E040 (8/97)

10/26/97

To Whom It May Concern:

My 1st Application has been sent in on time. The following notices were disregarded assuming that the 1st one had already gone into system yet. Obviously it was not. I called and talked to Amy Allen and she instructed me to write this letter of explanation and to enclose a check for 16500. Thank you for your time and service in this matter.

Sincerely

Monty Eddins

President D.S.M Enterprises  
INC