

02-03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!!

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062355

1. Corporation Name

DAKOTA REAL ESTATE &amp; MANAGEMENT, INC.

300010083143  
01/14/03--01072--003 \*\*300.00

2. Principal Office Address		3. Mailing Office Address	
1300 SW 10th STREET		1300 SW 10th STREET	
Suite, Apt. #, etc. BUILDING A SUITE 1		Suite, Apt. #, etc. BUILDING A SUITE 1	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL	
Zip 33444	Country PALM BEACH	Zip 33444	Country PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0515992	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

## 7. Name and Address of Current Registered Agent

Name GILLESPIE, R BOWEN III	
Street Address (P.O. Box Number is Not Acceptable) 1515 SOUTH FEDERAL HIGHWAY	
Suite, Apt. #, Etc. SUITE 300	
City BOCA RATON	State / Zip Code FL 33432

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

REGISTERED AGENT MUST SIGN

Date

## 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
OVST	CIAMBRONE, MARILYN	4340 FRANCES DRIVE	DELRAY BEACH, FL
P	IEROPOLI, LARRY	2574 N.W. 38th STREET	BOCA RATON, FL

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  
THOMAS CIAMBRONE, JR.

Date

Daytime Phone #

1/13/03

1-561-485-9400

CR2E081 (10/02)

2/1/15

1300 SW 10<sup>th</sup> Street, Delray Beach, FL 33444  
561-495-9400 Office  
561-495-5010 Fax  
[www.dakota.8k.com](http://www.dakota.8k.com)  
[dakotainfo@mgci.com](mailto:dakotainfo@mgci.com)



Florida Department of State  
Division of Corporations  
409 East Gains Street  
Tallahassee, FL 32399

January 9, 2003

To Whom It May Concern:

Please be advised that Dakota Real Estate & Management Inc. has not received any paperwork from your office because we had moved, and the mail was not forwarded to our new address.

Enclosed you will find our application for corporation Reinstatement along with our check for \$ 300.00.

If you should have any further questions, please feel free to call us 1-800-539-2699.

Sincerely Yours,

A handwritten signature in black ink, appearing to read "Thomas Ciambrone Jr.", is written over a horizontal line.

Thomas Ciambrone Jr.  
C.E.O.