

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

P94000073772

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P94000073772

1. Corporation Name

Dimona Enterprises, Inc.

Principal Place of Business

Mailing Address

10018 Spanish Isle Blvd  
Boca Raton, FL 33498

REINSTATEMENT 96-98

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

1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-056-3256

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Leone Cohen	21660 Birch St. Pkwy	Boca Raton, FL 33428
Secretary	Alana Cohen	21660 Birch St. Pkwy	Boca Raton, FL 33428
Treasurer			
			000002689590--4
			-11/17/98--01054--008
			***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

Leone Cohen  
21660 Birch St. Pkwy  
Boca Raton, FL 33428

9. Name and Address of New Registered Agent

Name Leone Cohen  
Street Address (P.O. Box Number is Not Acceptable)  
21660 Birch St. Pkwy  
Suite, Apt. #, Etc.  
City Boca Raton  
State FL Zip Code 33428

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

Leone Cohen

REGISTERED AGENT MUST SIGN

Date Oct 12, 1998

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:

Leone Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SP 11/12/98

Oct 12, 1998

Date

Daytime Phone #

5614792500

CR2E040 (1/88)