

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1998 FEB -9 AM 11: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033067

1. Corporation Name

DIOP CHALLENGE, INC.

Principal Place of Business

**512 EAST TALL OAKS DR.
PALM BEACH GARDENS FL 33410**

Mailing Address

**512 EAST TALL OAKS DR.
PALM BEACH GARDENS FL 33410**



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

04/24/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**118 Seville Road
West Palm Beach, FL**

**118 Seville Road
West Palm Beach, FL**

5. FEI Number

65-0630181

Applied For

Not Applicable

Zip

Country

Zip

Country

33405 USA

33405 USA

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 | DIOP, ROBERT | 512 EAST TALL OAKS DR. 118 Seville Rd | PALM BEACH GARDENS FL 33410 West Palm Beach, FL 33405 |
| | | | 100002429171--- |
| | | | -02/12/98--01079--015 ***300.00 ***900.00 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

8. Name and Address of Current Registered Agent

DIOP, ROBERT
512 EAST TALL OAKS DRIVE
SUITE 000
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name
DIOP, Robert
Street Address (P.O. Box Number is Not Acceptable)
118 Seville Road
Suite, Apt. #, Etc.

West Palm Beach

State
FL

Zip Code
33405

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

REGISTERED AGENT MUST SIGN

Date

01/22/98

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

Yes ☐

No ☒

none due

(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)