

Application for Reinstatement

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

99 JUN 16 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 795000049652

1. Corporation Name

DP LEWIS HOMES, INC.

Principal Place of Business

Mailing Address

323 10th Avenue West
Palmetto, FL 34221

2. State Addresses are incorrect in any way, list through incorrect information and enter corrections below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. State Incorporated or Qualified To Do Business in Florida

1995

State, Apt. #, etc.

State, Apt. #, etc.

5. FEI Number

65-0594515

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 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
DP	David P. Lewis	323 10th Ave. W.	Palmetto, FL 34221
ST	David P. Lewis	323 10th Ave. W.	Palmetto, FL 34221

REINSTATEMENT 98-99

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-05/24/99--01005--025
****911.00 ****910.00
TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN E. WICKMAN, Registered Agent
802 11th Street West
Bradenton, FL 34205

Name
Blalock, Landers, Walters & Vogler, P.A.

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

802 11th Street West

State, Apt. #, Etc.

City
Bradenton

State Zip Code
FL 34205

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

By: Blalock, Landers, Walters & Vogler, P.A.

Date June 14, 1999

REGISTERED AGENT MUST SIGN

Clifford L. Walters, Vice President

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(b), 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:

David P. Lewis David P. Lewis, President

5-6-99 441-724-8128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #