

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC -2 AM 10:14

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12/2

DOCUMENT # **P95000059547**

1. Corporation Name

D.M INTERNATIONAL LTD., INC.

Principal Place of Business

Mailing Address

2451 MCMULLEN BOOTH ROAD, UNIT 241
CLEARWATER FL 34619

2451 MCMULLEN BOOTH ROAD, UNIT 241
CLEARWATER FL 34619



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

08/02/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3328675

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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
1	2	3	4
PTD	HALL, DANA M	2451 MCMULLEN BOOTH ROAD, UNIT 2	CLEARWATER FL 34619
SD	DANOSER, MICHAEL A	2451 MCMULLEN BOOTH ROAD, UNIT 2	CLEARWATER FL 34619
	NO LONGER AN OFFICER		
			000002018490--9 -12/03/96--01139--024
			****138.75 ****138.75
			000002018490--9 -12/03/96--01139--025

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent **236:25

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

DANA M Hall

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

2451 MCMULLEN BOOTH Rd

Suite, Apt. #, Etc.

STE 200

City

CLEARWATER

State

FL

Zip Code

34619

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

SIGNATURE REQUIRED

Date 9/17/96

REGISTERED AGENT MUST SIGN

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)(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 REQUIRED

9/17/96 8137973188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #