

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

96 DEC 30 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000066083**

1 Corporation Name

DMC CONSULTANTS, INC.

Principal Place of Business

Mailing Address

13237 S.W. 86TH TERRACE
MIAMI FL 33183

13237 S.W. 86TH TERRACE
MIAMI FL 33183

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

MWB 12-90

1996

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1995

5. FEI Number

65-0603400

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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
0	CAVENDER, MARIA	13237 S.W. 86TH TERRACE	MIAMI FL 33183
P.V.P.T. S.D.	CAVEYDER, DANIEL	13237 SW 86th Terr	Miami FL 33183
			800002046108--5 -01/03/97--01183--001 ***383.75 ***383.75

8. Name and Address of Current Registered Agent

CAVENDER, MARIA
13237 S.W. 86TH TERRACE
MIAMI FL 33183

9. Name and Address of New Registered Agent

Name

CAVEYDER, DANIEL F.

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

13237 SW 86th Terr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

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]

REGISTERED AGENT MUST SIGN

Date 12-24-96

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 taxes 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-24-96

Date

(305) 352-9713

Daytime Phone #