


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:36

DOCUMENT # P95000084334

1. Corporation Name

DUNDAS SALES, INC.

Principal Place of Business

Mailing Address

5200 NW 33 AVE STE 215
FT. LAUDERDALE FL 33309

5200 NW 33 AVE STE 215
FT. LAUDERDALE FL 33309



REINSTATEMENT

Di

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

10/30/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0616396

Applied For

Not Applicable

City & State

City & State

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	City / State / Zip
1	2	3	4
PTD	VERDIER, GARY D	5200 NW 33 AVE STE 215	FT. LAUDERDALE FL 33309

200004679072--9

-11/14/01--01077--005

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VERDIER, GARY D
2500 NW 33 AVE STE 215
STE 215
FT. LAUDERDALE FL 33309

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

AD

Signature of
Registered Agent

Gary D Verdier

REGISTERED AGENT MUST SIGN

Date 10-18-2001

11. 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

10-18-2001

Date

954-739-0607

Daytime Phone #

CR2E040 (8/01)