

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 FEB -7 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000088939**

1. Corporation Name

Dand K Street Sweeping, Inc.

600117605216
02/08/08--01020--023 **\$600.00

2. Principal Office Address - No P.O. Box #

719 Intracoastal Dr

Suite, Apt. #, etc.

City & State

Fort Laud, FL

Zip

33304

Country

US

3. Mailing Office Address

719 Intracoastal Dr

Suite, Apt. #, etc.

City & State

Fort Laud, FL

Zip

33304

Country

US

REINSTATEMENT 05-08

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/95

5. FEI Number

05-0684515

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Edward T. Dinna, ESQ.**

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

719 Intracoastal Dr

Suite, Apt. #, Etc.

City

Fort Laud

State

FL

Zip Code

33304

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **2/5/08**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	David Chipman	719 Intracoastal Dr	Fort Laud, FL 33304

10. 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 contained in Chapter 119, 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

2/5/08 (P94)
325-4857

Date

Daytime Phone #

D&K STREET SWEEPING, Inc.

719 Intracoastal Drive
Fort Lauderdale, Florida 33304
(954) 325-4857

February 5, 2008

Leah Gable
Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Corporate Reinstatement
Document No. P95000088939

Dear Leah:

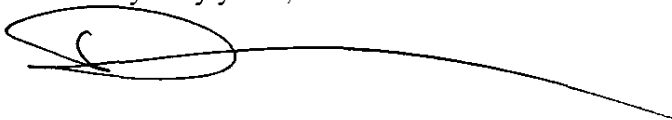
I am writing enclosing an Corporate Reinstatement form, a check in the amount of \$600.00, and a Federal Express envelope and U.S. Airbill.

I we discussed, I never received the Annual Report notices or any other notice concerning the administrative dissolution of the corporation.

Please process this request and provide me a receipt and verification that the corporation is in good standing.

If you need anything further, please give me a call.

Very truly yours,

A handwritten signature in black ink, appearing to be "David Chipman", with a long horizontal flourish extending to the right.

DAVID CHIPMAN

Enclosures