

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000000294**

1. Corporation Name

**DC HOME REMODELING, INC.**

Principal Place of Business

~~5015 CLARCONA OCEEE RD~~  
~~ORLANDO FL 32810~~  
US

Mailing Address

~~5015 CLARCONA OCEEE RD~~  
~~ORLANDO FL 32810~~  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**1321 N. Pine Hills Road**

Suite, Apt. #, etc.

City & State **Orlando, Florida**

Zip **32808** Country **US**

3. New Mailing Office Address, If Applicable  
**1321 N. Pine Hills Road**

Suite, Apt. #, etc.

City & State **Orlando, FL**

Zip **32808** Country **US**

**FILED**  
**01 JAN 23 AM 11: 25**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**



**REINSTATEMENT**

*[Signature]*

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/26/1995**

5. FEI Number

**59-3355546**

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>P</b>	<b>CRUZ, DIEGO</b>	<del>5015 CLARCONA OCEEE RD</del>	<del>ORLANDO FL 32810</del>
		<b>1321 N. Pine Hills Rd</b>	<b>Orlando, FL 32808</b>

**600003631886-7**  
**-02/02/01--01142--005**  
**\*\*\*\*\*750.00 \*\*\*\*\*750.00**

8. Name and Address of Current Registered Agent

~~CRUZ, DIEGO~~  
~~5015 CLARCONA OCEEE RD~~  
~~ORLANDO FL 32810~~

9. Name and Address of New Registered Agent

Name **Cruz, Diego**  
Street Address (P.O. Box Number is Not Acceptable)  
**1321 N. Pine Hills Rd.**  
Suite, Apt. #, Etc.  
City **Orlando** State **FL** Zip Code **32808**

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**  
*[Signature]*  
**REGISTERED AGENT MUST SIGN**

Date **1-18-01**

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 REQUIRED**  
*[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-19-01**  
Date

**(407) 523-1222**  
Daytime Phone #

**KE**

CR2E040 (8/00)