

P9600002777

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

01 OCT -5 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000002777 (6)

1. Corporation Name
DFT, INC.

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable 4705 DUNNIE DRIVE Suite, Apt. #, etc. City & State TAMPA FL Zip 33614	Country HILLSBOROUGH	3. New Mailing Office Address, If Applicable 4705 DUNNIE DRIVE Suite, Apt. #, etc. City & State TAMPA FL Zip 33614	Country HILLSBOROUGH
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4. Date Incorporated or Qualified To Do Business in Florida 01/05/96	5. FEI Number 59-3352690	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	TROYA, DANIEL F	4705 DUNNIE DRIVE	TAMPA FL 33614

Reinstate
10-11-01
MKS

400004638634--4
-10/17/01--01002--004
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TROYA, DANIEL F
4705 DUNNIE DRIVE
TAMPA, FL 33614

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.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: Daniel F. Troya DANIEL F TROYA (813) 960 8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #