

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 OCT 30 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000033811

1. Corporation Name

DWAYNE E. MISAR SERVICES, INC.

Principal Place of Business

2825 N. UNIVERSITY DR
#410
CORAL SPRINGS FL 33065

Mailing Address

2825 N. UNIVERSITY DR
#410
CORAL SPRINGS FL 33065

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1996

5. FEI Number

65-0659282

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
D	MISAR, DWAYNE E	2825 N. UNIVERSITY DR	CORAL SPRINGS FL 33065

7000008696137
10/30/02--01043--001 **150.00

8. Name and Address of Current Registered Agent

MISAR, DWAYNE E
12910 SW 13TH MANOR
DAVIE FL 33325

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

7616

CR2EM40 (8/02)



ACCOUNTING & TAX SERVICE, INC.

2825 N. University Drive, Ste 410 • Coral Springs, Florida 33065
(954) 752-3909 • Fax: (954) 752-7480

October 23, 2002

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations

Re: Dwayne E Misar Services, Inc
2825 n university Dr 410
Coral Springs Fl 33065

To Whom It May Concern:

We are the accounting firm for the above-mentioned client. Dwayne E. Misar Services Inc. has a current status of DISSOLUTION due to the Uniform Business Report not being filed during the year of 2002. . The reason for this oversight was due to our client moving and never receiving the Uniform Business Report. We are including a check in the amount of 150.00. We ask you to consider the clients past payment history and that due to not receiving the Uniform Business Report this was truly and oversight.

Your consideration in this matter is greatly appreciated.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Donna Kent', is written over the signature line and extends into the margin.
Donna Kent