

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 7.98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 MAY 11 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # # P 96000081466

1. Corporation Name

D.G. AND R.G. INC

Principal Place of Business

Mailing Address

40 GOLDSTEIN
3140 S. OCEAN BLVD. 306 N
PALM BEACH FL 33480 SHAKE

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

2. New Principal Office Address, If Applicable

331 REGATTA DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DIRECTOR	DAVID GOLDSTEIN	728 JUDIE LANE	AMBLER PA 19022
			000002524370---0 -05/14/98--01123--004 ***\$00.00 ***\$00.00

REINSTATEMENT 97-98

A. AMP
5/11/98

8. Name and Address of Current Registered Agent

TIMOTHY K. ANDERSON, ESQUIRE
631 U.S. HIGHWAY ONE STE 408
NORTA PALM BEACH FL 33408

9. Name and Address of New Registered Agent

Name

IRVIN GOLDSTEIN

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

331 REGATTA DR

Suite, Apt. #, Etc.

City

JUPITER, FL

State

FL

Zip Code

33477

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]

REGISTERED AGENT MUST SIGN

Date

5-5-98

11. This corporation owes or has paid 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:

[Signature] DAVID GOLDSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/98 (215) 843-0721
Date Daytime Phone #