

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 16 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000081466

1. Corporation Name

D.G AND R.G., INC.

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

124 PALM BAY TERRACE

Suite, Apt. #, etc.

APT. D

City & State

PALM BEACH GARDENS, FLORIDA

Zip

33418

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1996

5. FEI Number

26 3784765

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

IRVIN GOLDSTEIN

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

124 PALM BAY TERRACE

Suite, Apt. #, Etc.

APT. D

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

☐ 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

Irvin Goldstein
REGISTERED AGENT MUST SIGN

Date 12/1/08

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
D	DAVID GOLDSTEIN	728 JUDIE LANE	AMBLER, PA 19022
D	ROBERT GOLDSTEIN	2401 PENNSYLVANIA AVE. APT 19A	PHILADELPHIA, PA 19130

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:

Irvin Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-1-08

Daytime Phone #