

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 10 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

D & T ENTERPRISES OF LAKE LAND, INC.
Doc# D97000029385

2. Principal Office Address

762 Samuel Chase Ln

Suite, Apt. #, etc.

City & State

W. MELBOURNE FL

Zip

32904

Country

USA

3. Mailing Office Address

762 Samuel Chase Lane

Suite, Apt. #, etc.

City & State

W. MELBOURNE, FL

Zip

32904

Country

USA

REINSTATEMENT

09-100

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/97

5. FEI Number

59-3440445

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

DAN FAUBEL

800003136528-3

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

762 Samuel Chase Lane

-02/16/00-01005-017

******908.75 ****908.75**

Suite, Apt. #, Etc.

City

W. MELBOURNE

State

FL

Zip Code

32904

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

Dan Faubel

Date **2/4/2000**

REGISTERED AGENT MUST SIGN

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
PRES	DANIEL FAUBEL	762 Samuel Chase Ln	W. MELBOURNE, FL 32904
V.P.	TERRA LLOUD	762 Samuel Chase Ln	W. MELBOURNE, FL 32904

RE

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 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 Faubel **DANIEL FAUBEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2000 (321) 733-1639

Date

Daytime Phone #