

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

997000040850

DartRich Corporation

2. Principal Office Address

3314 SW 27th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

U.S.

3. Mailing Office Address

3730 Oak Ave

Suite, Apt. #, etc.

City & State

Miami, FL 33133

Zip

33133

Country

U.S.

FILED

03 NOV -3 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

5-8-97

5. FEI Number

65-0751203

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

Darlene Hallman

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

3730 Oak Ave

Suite, Apt. #, Etc.

Miami,

City

Miami,

State

FL

Zip Code

33133

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

Darlene Hallman
REGISTERED AGENT MUST SIGN

Date 10/15/03

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
P	Darlene Hallman	3730 Oak Ave	Miami, FL 33133
T	"	"	"
S	"	"	"
V-P	"	"	"

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:

Darlene Hallman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03 (305) 772-4019

Date

Daytime Phone #