

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name P97000046844

DTI of South Florida, Inc.

2. Principal Office Address

6671 W. Indiantown Rd.

Suite, Apt. #, etc.

Suite 56-381

City & State

Jupiter, FL

Zip

33458

Country

3. Mailing Office Address

6671 W. Indiantown Rd.

Suite, Apt. #, etc.

Suite 56-381

City & State

Jupiter, FL

Zip

33458

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1997

5. FEI Number

65-0757941

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

Thomas E. Condon

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

6671 W. Indiantown Rd.

Suite, Apt. #, Etc.

Suite 56-381

City

Jupiter

State

FL

Zip Code

33458

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

Date 1/7/03

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
D,P	Thomas E. Condon	6671 W. Indiantown Rd., Suite 56-381	Jupiter, FL 33458

REINSTATEMENT 01-023

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Condon, President, 1/7/03 (561) 575-9465

Date

Daytime Phone #

CR2E081 (10/02)