

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000070267

1. Corporation Name

DENNIS COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

9941 W. JESSAMIN STREET  
124  
MIAMI FL 33157

9941 W. JESSAMIN STREET  
124  
MIAMI FL 33157

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1221 Brickell Avenue

1221 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 900

# 900

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Zip

33131

33131

Country

Country

Dade

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

08/13/1997

5. FEI Number

59-3488269

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	City / State / Zip
P	DENNIS, MONIQUE	9941 W. JESSAMIN STREET	MIAMI FL 33157

700024091947  
10/24/03--01067--013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DENNIS, MONIQUE D  
16810 S.W. 108TH COURT  
MIAMI FL 33157

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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:

Monique D. Dennis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2

Date

305)347-5160

Daytime Phone #

CR2E040 (7/03)

**Dennis Communications, Inc**  
**1221 Brickell Avenue**  
**Suite 900**  
**Miami, Florida 33131**  
**305. 347.5160 Office**  
**305. 253.4099 Fax**

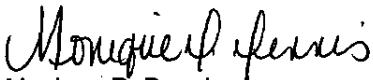
October 22, 2003

Florida Department Of State  
Glenda E. Hood  
Secretary Of State  
Divisions of Corporations

RE: Corporation Name: Dennis Communications, Inc  
Document Number: P97000070267

Please accept this payment and reinstatement application on behalf of Dennis Communications, Inc. We changed physical locations and did not receive this Uniform Business Report notification in a timely manner. Upon receipt of this UBR our office completed it and returned it to your office immediately. Please reinstate Dennis Communications, Inc. and waive the fee because we did not receive any prior notice. Thank you for your understanding of this matter.

Thankfully,



Monique D. Dennis  
Dennis Communications, Inc