

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FORM 98-1
AND
FILED

98 NOV 23 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
98 AC
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000082283**

1. Corporation Name

D F P SYSTEMS, INC.

Principal Place of Business

375 POINCIANA ISLAND DRIVE
NORTH MIAMI BEACH FL 33160

Mailing Address

375 POINCIANA ISLAND DRIVE
NORTH MIAMI BEACH FL 33160

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1997

5. FEI Number

650783795

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	PARMEGGIANI, DANIEL	375 POINCIANA ISLAND DRIVE	NORTH MIAMI BEACH FL 33160
			400002698174--2 -11/30/98-01137-005 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

PARMEGGIANI, DANIEL
375 POINCIANA ISLAND DRIVE
NORTH MIAMI BEACH FL 33160

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11-18-98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-98
Date

561-252-1874
Daytime Phone #

CR2E040 (9/98)

November 18, 1998

DFP Systems, Inc.
375 Poinciana Island Dr
N. Miami Beach, FL 33160

To whom it may concern:

On behalf of my corporation, DFP Systems, Inc., I would like to state that we never received the notice for the first annual report. This is perhaps due to an ongoing problem where the mail gets delivered improperly to the wrong Poinciana address, there being several Poinciana Drives or Streets in Miami. It often happens that we get mail that belongs to people living in South Miami on a different Poinciana Drive, and vice-versa. The post office has been notified of this problem, however, and the mix-up seems to be happening less frequently.

I would like to apologize for this situation, and I request that you accept our annual report fee of \$150.00 at this time. It has been a rough first year running my first corporation both financially and administratively, so I am requesting a little leniency on your behalf.

Sincerely,

Daniel Parmeggiani, Director of DFP Systems, Inc.