

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO7000157351

1. Corporation Name

DGP, Inc.

2. Principal Office Address

2020 Spring Landing Blvd.

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32779

Country

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-08

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/97

5. FEI Number

59-3485810

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

Steven H. Kane

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

557 North Wymore Rd.

Suite, Apt. #, Etc.

Suite 100

City

Maitland

State

FL

Zip Code

32751

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

Steven H. Kane

REGISTERED AGENT MUST SIGN

Date

2/11/00

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	David G. Pape	2020 Springs Landing Blvd.	Longwood, FL 32779

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:

David G. Pape

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/11/00

Daytime Phone #

407 628-6440

KE

CR2E081 (9/95)