

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 22 PM 12:21

DOCUMENT # P98000001017

1. Corporation Name

D & D BEEPER SHOP, INC.

Principal Place of Business

9888 SOUTHERN BOULEVARD
WEST PALM BEACH FL 33411

Mailing Address

9888 SOUTHERN BOULEVARD
WEST PALM BEACH FL 33411

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

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1998

5. FEI Number

65-0807036

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75. A statement has been made
to the satisfaction of the Secretary of State.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--------------------------|
| D | DIEGUEZ, VICTOR M SR. | 4400 GARDEN AVENUE | WEST PALM BEACH FL 33405 |
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6508070361106-3
-12/06/99-01019-012
***750.00 ***750.00

11/29

8. Name and Address of Current Registered Agent

ELBLONK, IRA
1030 LAKE AVENUE
SUITE C
LAKE WORTH FL 33460

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0805, F.S.

Signature of
Registered Agent

Um Diegue, sr

X REQUIRED

Date

10-26-99

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)(l), 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

Um Diegue, sr Victor M Diegue

Date

Daytime Phone #

561-753-0034