

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000006137**

1. Corporation Name

D & L CUSTOM INTERIOR TRIM, INC.

Principal Place of Business

Mailing Address

500 DUQUE RD
LUTZ FL 33549

500 DUQUE RD
LUTZ FL 33549

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

Reinstated or Reopened
To Do Business in Florida

01/20/1998

5. FEI Number

59-3493267

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	4 City / State / Zip
DPST	BURCHER, RICHARD	500 DUQUE RD	LUTZ FL 33549
VP	BURCHER, LORRAINE J	500 DUQUE RD	LUTZ FL 33549

200024332302
10/31/03--01053--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURCHER, RICHARD
500 DUQUE RD
LUTZ FL 33549

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

Richard P. Burcher
REGISTERED AGENT MUST SIGN

Date **10-28-03**

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:

Richard P. Burcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-03 713-944-7417

CR2040 (7/03)

LAW OFFICES
JOHN E. SULLIVAN, P.A.

P.O. BOX 2638
BRANDON, FLORIDA 33509-2638

Telephone: (813) 681-3480
Facsimile: (813) 681-8717

John Eugene Sullivan

Gardner Wise Beckett
of counsel
(1924-1993)

October 28, 2003

Office Location

MILLENNIUM CENTER
1206 Millennium Parkway, Suite 2000
Brandon, Florida 33511

Glenda Hood
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am writing on behalf of my client, D & L Custom Interior Trim, Inc. Please find enclosed the application for reinstatement, along with a check for \$150.00. Please be advised that this client did not receive their Annual Statement and thus requests, pursuant to your rules, the waiver of the reinstatement fee.

Herein enclosed is the \$150.00 as stated as is required pursuant to your recorded instructions on the reinstatement phone line.

We appreciate your prompt attention in reinstatement of this corporation.

Sincerely yours,

John E. Sullivan

JES/cjd

Enclosure