

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000011912

1. Corporation Name

D. ZINE BAND, INC.

Principal Place of Business

~~207 N.E. 62ND ST.~~
MIAMI FL 33138

Mailing Address

~~207 N.E. 62ND ST.~~
MIAMI FL 33138

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

2. New Principal Office Address, If Applicable

20324 N. E. 6 Place

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

20324 N. E. 6 Place

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33179

Country

USA

Zip

33179

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1998

5. FEI Number

☒ 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
DP DVP	LARRIERE, ARLY	20324 N. E. 6 Place	100003046381-3 -11/16/99--01096--015 Miami, Florida 33179
DP D	JEAN, WILSON	20324 N. E. 6 Place	Miami, Florida 33179
DP DP	PIERRE, GASMAN	20324 N. E. 6 Place	Miami, Florida 33179
D	THELISMOND, FRANCIS	20324 N. E. 6 Place	Miami, Florida 33179
D	DESIR, JUDE	20324 N. E. 6 Place	Miami, Florida 33179
DT	Bruno, Luckner	20324 N. E. 6 Place	Miami, Florida 33179

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Luckner Bruno
Street Address (P.O. Box Number is Not Acceptable)
20324 N. E. 6 Place
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33179

THELISMOND, FRANCIS
207 N.E. 62ND ST.
MIAMI FL 33138
Luckner Bruno
20324 N. E. 6 Place
Miami, Florida 33179

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]

REGISTERED AGENT MUST SIGN

Date

10/20/99

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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUCKNER BRUNO

Date

10/20/99 (305) 450-6294

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -5 PM 12:17



REINSTATEMENT

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CR25140 (8-99)