

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

①

DOCUMENT # P98000037071

1. Corporation Name

DERMOR, INC.

99 NOV 16 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

19481 DAKOTA CT
BOCA RATON FL 33434

Mailing Address

19481 DAKOTA CT
BOCA RATON FL 33434



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

2. New Principal Office Address, If Applicable

20401 SR 7 # G-4
Suite, Apt. #, etc.
BOCA RATON, FLORIDA
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
20401 SR 7 # G-4
City & State
BOCA RATON, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1998

5. FEI Number

15-0838201

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
D	MORELLI, SHELLEY A	19481 DAKOTA CT	BOCA RATON FL 33434
D	MORELLI, MARTY J	19481 DAKOTA CT	BOCA RATON FL 33434
D	DESSNAH, MARIETTA A	9153 AFFIRMED LANE	BOCA RATON FL 33498
500003053295--1 11/24/99--01002--012 ***150.00 ***150.00			

8. Name and Address of Current Registered Agent

MORELLI, SHELLEY A
19481 DAKOTA CT
BOCA RATON FL 33434

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

Shelley A. Morelli

REGISTERED AGENT MUST SIGN

Date 10-25-99

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:

Shelley A. Morelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHELLEY A. MORELLI

10-25-99

Date

(561)
477-0403

Daytime Phone #

10-25-99

②

Please accept Our Application for Reinstatement
along with a check for \$150-. (one time exemption from
fines) As we sent our annual report in June and
assumed all was fine.

Thank You For your cooperation

Shelley Morelli

Dermor Inc. Pres.

11/11/99 (3)

Hi Michelle -

As per our conversation on Monday 11-8, I'm writing you to clear up our Corporate report.

As stated in our letter dated 10-25-99 we sent our application in June and it did not get processed. We spoke with a representative in May, originally because we never received our 1st notice of the Annual Report. We were told to email the 150 in June & all would be fine. Now we've received the Reinstatement letter in Oct. So I'm enclosing the app. w/ the 150 to process our report.

Thanks for all your help -

Shelley Morici
Dermot Inc. Pres.

P98000037071

our #

561-477-0403