

APPLICATION
FOR
REINSTATEMENT



FILED

00 MAR -6 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000049470

1. Corporation Name

DNM GROUP, INC.

Principal Place of Business
4160 LYBER AVENUE
COCONUT GROVE FL 33133

Mailing Address

4160 LYBER AVENUE
COCONUT GROVE FL 33133

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

4.-Date Incorporated or Qualified
To Do Business in Florida

06/03/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State: _____

City & State

65-0840824

Not Applicable

Zip

Country

Zip

Country

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)

[illegible]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343-ALMERIA AVENUE
CORAL GABLES FL 33134

Name ROY F. WOODRUFF

Street Address (P.O. Box Number Is Not Acceptable)
1900-SW-57th-Avenue

Suite, Apt. #, Etc. Suite # 2

City Miami,

State
FI

Zip Code
33155-2154

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 07/28/00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00 3A-269-0255
Date Daytime Phone #