

99/00 UBR

INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 9:34

DOCUMENT # P98000052143

1. Corporation Name

DLC NATIONAL CORP

2. Principal Office Address

1301 W. COPANS RD.

Suite, Apt. #, etc.

H1-2

City & State

Pompano Beach FLA

Zip

33064

Country

USA

3. Mailing Office Address

% FEIN & FEIN

Suite, Apt. #, etc.

99 WOODBURY RD

City & State

HICKSVILLE NY

Zip

11801

Country

USA

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

6/10/98

5. FEI Number

65-0846020

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Diane Schveeler

500003236195-3

-05/03/00-01018-024

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

1301 W Copans Rd.

****308.75 ****308.75

Suite, Apt. #, Etc.

H1-2

City

Pompano Beach

State

FL

Zip Code

33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Diane Schveeler

Date 3/21/00

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	Diane Schveeler	22 Chestnut La	Woodbury NY 11797
Sec. VP	Karen L. Malamud	60 Winthrop Rd	Plainville NY 11803

10. 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:

Diane Schveeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

516 681-5700

Daytime Phone #

CR2E081 (9/99)