

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 AUG -9 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

DL PRO-MOTION, INC

998000066080

2. Principal Office Address

4210 S. University DR

Suite, Apt. #, etc.

#4

City & State

Fort Lauderdale, FL

Zip

33328

Country

USA

3. Mailing Office Address

4210 S. University Dr

Suite, Apt. #, etc.

#4

City & State

Fort Lauderdale, FL

Zip

33328

Country

USA

**REINSTATEMENT**

09-02

4. Date Incorporated or Qualified  
To Do Business in Florida

1998

5. FEI Number

65-0903734

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

Will Nell Schuknecht

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

3270 Ricky Dr.

Suite, Apt. #, Etc.

#1004

City

JACKSONVILLE

State  
FL

Zip Code

32223

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

Will Nell Schuknecht

REGISTERED AGENT MUST SIGN

Date 8/8/02

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	Will Nell Schuknecht	3270 Ricky Dr #1004	Jacksonville, FL 32223

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:

Will Nell Schuknecht

WILL NELL SCHUKNECHT

8/8/02

Date

(954) 424-9689

Daytime Phone #

CR2E081 (9/01)

8/12/02