

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000075472**

1. Corporation Name

**DERNOR, INC.**

Principal Place of Business

**300 CASUARINA CONOURSE  
CORAL GABLES FL 33143**

Mailing Address

**300 CASUARINA CONOURSE  
CORAL GABLES FL 33143**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/28/1998**

5. FEI Number

**63-0859814**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional fee required  
for Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NOORDHOEK, HAROLD	300 CASUARINA CONOURSE	CORAL GABLES FL 33143
			200003046672--4 -11/17/99--01011--012 ****750.00 ****750.00

**REINSTATEMENT 99 1178**

8. Name and Address of Current Registered Agent

**COBER CORPORATE AGENTS, INC.  
2801 SOUTH BAYSHORE DRIVE, 19TH FLOOR  
MIAMI FL 33133**

9. Name and Address of New Registered Agent

Name  
**Harold Noordhoek**  
Street Address (P.O. Box Number is Not Acceptable)  
**300 CASUARINA CONOURSE**  
Suite, Apt. #, Etc.

City

**Coral Gables**

State

**FL**

Zip Code

**33143**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

**10/23/99**

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

*[Signature]*  
**Harold Noordhoek**

Date

**10/23/99**

Daytime Phone

**305-461-5608**

CR25040 (8/99)