

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 10 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P98000092736

1. Corporation Name

DAKOTA FINANCIAL, INC.

Principal Place of Business

Mailing Address

5440 N. STATE RD 7, SUITE 3
FORT LAUDERDALE, FL 33319

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

OCTOBER 30, 1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0876197

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ALEGRIA MAÑON	4846 N. UNIVERSITY DR #127	LAUDERHILL, FL 33351

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-02/01/00--01084--011

****750.00 ****750.00

8. Name and Address of Current Registered Agent

MICHAEL H. MERINO, ESQ
2879 S. UNIVERSITY DRIVE
DAVIE, FL 33328

9. Name and Address of New Registered Agent

Name

ALEGRIA MAÑON

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

4846 N. UNIVERSITY DR

Suite, Apt. #, Etc.

#127

City

LAUDERHILL

State

FL

Zip Code

33351

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

Alegria Mañon
REGISTERED AGENT MUST SIGN

Date

01-07-2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Alegria Mañon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-2000 (954) 486-7551

Date

Daytime Phone #