

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -1 PM 4:39

DOCUMENT # **PA8000093515**

1. Corporation Name

DUGENT CORPORATION

2. Principal Office Address

2201 W. SAMPLE RD

Suite, Apt. #, etc.

BLDG #9 4A

City & State

POMPANO BEACH FL

Zip

33073

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-2-98

5. FEI Number

65-0872583

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

STEVEN A ROTHENBERG

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

6950 NW 104 LA

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33076

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

REGISTERED AGENT MUST SIGN

Date **10-15-01**

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
V.P.	Travis Allen	20913 St Andrews Blvd, #43	Boca Raton, FL 33433
Pres	Steve Rothenberg	6950 NW 104 LA	PARKLAND FL 33076
Secy	WALTER WEIDENBAUM	5799 WATERFORD	Boca Raton FL 33496

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:

Steve Rothenberg

STEVE ROTHENBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01

Date

9549175820

Daytime Phone #