

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
DIVISION OF CORPORATIONS
00 OCT -2 AM 10:21

DOCUMENT # P98000106590

1. Corporation Name

D & L REALTY, INC.

2. Principal Office Address

12355 OAKS LANE

Suite, Apt. #, etc.

City & State

SEMINOLE

Zip

FL

Country

PINELLAS

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-00

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

DECEMBER 21, 1998

5. FEI Number

59-346447 2

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

LEWIS A. SCOTT

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

12355 OAKS LANE

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33772

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

Lewis A. Scott

REGISTERED AGENT MUST SIGN

Date

9/26-2000

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.	LEWIS SCOTT	12355 OAKS LANE	SEMINOLE, FL 33772
V.P.	DIANE SCOTT	12355 OAKS LANE	SEMINOLE, FL 33772

AD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis A. Scott

Date

9/26/2000 727-545-2088

Daytime Phone #