

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUN 17 PM 12:15

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000002033

1. Corporation Name

D.I.T., INC.

2. Principal Office Address - No P.O. Box #

680 S. Military Trail

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

Zip 33442

Country USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 08/08/2002

5. FEI Number 22-3863707

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

Barry M. Boren, Esq.

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

9100 S. Dadeland Blvd.

Suite, Apt. #, Etc

#1809

City Miami

State FL

Zip Code 33156

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 6/1/2010

9. Names and Street Address 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
P	Emanuel Cohen	680 S. Military Trail	Deerfield Beach FL 33442

500181664005  
06/17/10--01031--021 \*\*120.00

10. E-mail Address: manny@ditinc.net

(To be used for future annual report notification)

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. I further certify, 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

Date

Daytime Phone #

Emanuel L. Cohen 5/24/10 254-344-1600