

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 22 PM 2:44

DOCUMENT # P99000006934

1. Corporation Name

DDB CORPORATION

Principal Place of Business

14524 SW 105TH COURT
MIAMI FL 33176

Mailing Address

14524 SW 105TH COURT
MIAMI FL 33176



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

01/25/1999

5. FEI Number

65-08932-85

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	BATEAU, MARYSE	404 BERMUD SPRINGS	WESTON FL 33326
SD	FILS-AIME, DANIEL JR.	14524 SW 105TH COURT	MIAMI FL 33176

800003890908-3
-03/21/01--01080--029
****150.00 ****150.00

11/12/01

8. Name and Address of Current Registered Agent

GILL, A. WAYNE ESQ.
2001 WEST SAMPLE ROAD
SUITE 300
POMPAHO BEACH FL 33064

9. Name and Address of New Registered Agent

Name

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

1499 W. PALMETTO PARK RD

Suite, Apt. #, Etc.

312

City

BOCA RATON

State

FL

Zip Code

33486

10. I, being appointed the registered agent of the above named corporation, and I agree with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-15-00

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FILS-AIME, JR

Date

Daytime Phone #

10/17/00 (305) 759-0559

CR2E040 (8/00)

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COMPREHENSIVE®
BUSINESS SERVICES

ACCOUNTING

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CONSULTATION

7001 Biscayne Blvd. 1st Floor • Miami, FL 33138

Phone (305) 751-1226

FAX (305) 751-1291

October 17, 2000

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Attn.: Division of Corporations;

This is to inform you that we are the Accountant of records for **DDB CORPORATION** with document number P99000006934 and back in April of 2000 we did mail the current Annual report with the required fee; apparently every thing most have gotten lost in the mail, since we have received this administrative dissolution.

Enclosed is a new check together with a signed copy of the annual report. And, since the mailed has proven unreliable in the past we are mailing this one as certified mail.

Thank you for your understanding .



Pierre Charles
Comprehensive Business Services