

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -1 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078360

1. Corporation Name

D/L MOTOR-HO, INC.

400022342074
08/15/03--01012--020 **1050.00

2. Principal Office Address

110 SE 6th Street

Suite, Apt. #, etc.

20th Floor

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Office Address

110 SE 6th Street

Suite, Apt. #, etc.

20th Floor

City & State

Fort Lauderdale

Zip

33301

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1999

5. FEI Number

65-1151454

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

Kenneth B. Rollin

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

110 SE 6th Street

Suite, Apt. #, Etc.

20th Floor

City

Fort Lauderdale, FL

State
FL

Zip Code
33301

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

Date **7/31/03**

REGISTERED AGENT MUST SIGN

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
DP	James R. Bender	110 SE 6th Street	Fort Lauderdale, FL 33301
VPST	Edward F. Schmid, III	110 SE 6th Street	Fort Lauderdale, FL 33301
AS	Jonathan P. Ferrando	110 SE 6th Street	Fort Lauderdale, FL 33301

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

7/31/03

Date

Daytime Phone #

CRZE081 (10/02)