

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 26 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078764

1. Corporation Name

DINESEN & ASSOCIATES, INC.

Principal Place of Business

205 RUBY LAKE LANE
WINTER HAVEN FL 33884

Mailing Address

205 RUBY LAKE LANE
WINTER HAVEN FL 33884



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1999

5. FEI Number

59-3596191

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DINESEN, ROBERT H	205 RUBY LAKE LANE	WINTER HAVEN FL 33884
VSTD	CAPELL, R.DANIEL	205 RUBY LAKE LANE	WINTER HAVEN FL 33884
			000003447080--7 -11/01/00--01056--013 ****758.75 ****758.75

REINSTATEMENT 00
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8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

ROBERT H. DINESEN

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

205 RUBY LAKE LANE

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33884

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

Signature of
Registered Agent

Robert H. Dinesen
REGISTERED AGENT MUST SIGN

Date 10-25-2000

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:

Robert H. Dinesen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-2000

Date

Daytime Phone #

CR2E040 (8/00)