

2000-2001 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 28 PM 2:52

DOCUMENT # P99000094871

1. Corporation Name

DARMONTE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

931 VILLAGE BLVD., #905, PMB 404
WEST PALM BEACH FL 33409-1939

931 VILLAGE BLVD., #905, PMB 404
WEST PALM BEACH FL 33409-1939



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0965706

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	EMERSON, DARSELLE	931 VILLAGE BLVD., #905, PMB 404	WEST PALM BEACH FL 33409

508884745205-2
-12/31/01--01071--004
****300.00 ****300.00

12/28

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDWARDS, M. CHRIS
317 TENTH STREET
WEST PALM BEACH FL 33401-3317

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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:

Darselle Emerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

COMITER & SINGER LLP Fax:15616264742

Dec 17 '01 16:08 P.02

2067

: ALL-TECH TV

FAX NO. : 6832384

Dec. 10 2001 06:46PM P2

January 29, 2001

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

This correspondence is being forwarded to your immediate attention to request an exemption for any penalty that may have been created as a direct result in the delayed submission of my corporate renewal.

I was run over by a car and have had four surgical procedures to my shoulders which have truly interfered with my ability to process appropriate documents properly and or expeditiously. I am a person who under normal circumstances would follow deadlines to ensure that I complied with state regulations. In this unfortunate circumstance I have had my life changed forever, yet my aspirations of maintaining my company is very important.

Please allow me the opportunity to pay the normal renewal expenditure required without any penalty. I am recovering very well and do not anticipate any further deviations from compliance with State law in the future.

Please forward any queries to my immediate attention at (561) 662-5668 or 931 Village Blvd., #905-404 West Palm Beach, FL 33409.

Your attention and immediate processing of this request is greatly appreciated.

Sincerely,

Darselle Emerson