

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000111391

**FILED**  
**Oct 31, 2012**  
**Secretary of State**

**Entity Name:** DIMMITT ENTERPRISES, INC.

**Current Principal Place of Business:**

25191 U.S. HWY. 19 NORTH  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

25191 U.S. HWY. 19 NORTH  
CLEARWATER, FL 33763

**New Mailing Address:**

**FEI Number:** 59-3621139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAGIDSON, JOSHUA ESQ  
625 COURT STREET  
SUITE 200  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JOSHUA MAGIDSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VPD  
**Name:** DIMMITT, LAWRENCE H III  
**Address:** 1015 BAY ESPLANDE  
**City-St-Zip:** CLEARWATER, FL 33767

**Title:** PD  
**Name:** DIMMITT, RICHARD R  
**Address:** 965 BAY ESPLANDE  
**City-St-Zip:** CLEARWATER, FL 33767

**Title:** VPT  
**Name:** DIMMITT, BENJAMIN I  
**Address:** 34 WEST 88 STREET #2  
**City-St-Zip:** NEW YORK, NY 10024

**Title:** VPS  
**Name:** MAGIDSON, EILEEN D  
**Address:** 981 BAY ESPLANDE  
**City-St-Zip:** CLEARWATER, FL 33767

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RICHARD R. DIMMITT

PD

10/31/2012

Electronic Signature of Signing Officer or Director

Date