


APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 JUN -5 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P99000111859

1. Corporation Name

D.R. COMPONENTS, INC.

2. Principal Office Address

100 E. LINTON BLVD.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FLORIDA

Zip

33483

Country

U.S.A.

3. Mailing Office Address

100 E. LINTON BLVD.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FLORIDA

Zip

33483

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER 29, 1999

5. FEI Number

65-0971326

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

BRIAN COURTNEY, ASST. VP.
REGISTERED AGENT MUST SIGN

Date

6-5-01

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
VP	LARRY BRESSLER	100 E. LINTON BLVD.	DELRAY BEACH, FL 33483

REINSTATEMENT 05-01

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:

Larry Bressler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Bressler

6/1/2001

Date

561-274-8840

Daytime Phone #

CR2E081 (9/00)