

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S34258**

1. Corporation Name

DYCOR CORPORATION

Principal Place of Business

1626 S CONWAY RD
STE A
ORLANDO FL 32812
US

Mailing Address

P. O. BOX 720278 N/A
ORLANDO FL 32872-0278
US

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

02/21/1991

5. FEI Number

59-3053789

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	COLON, DOLORES YORKA	554 MELLWOOD AVE	ORLANDO FL 32825
P	COLON, DOLORES YORKA	554 MELLWOOD AVENUE	ORLANDO, FL 32825

500003026165--0
-10/27/99--01051--011
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

COLON, DOLORES YORKA
550 MELLOWOOD AVENUE
ORLANDO FL 32825

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-15-99

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOLORES YORKA COLON

10-15-99 (407) 277-4846
Date Daytime Phone #



D. C. Realty

P.O. Box 720278
Orlando, Florida 32872-0278
(407) 277-4846



October 15, 1999

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

RE: DOCUMENT #S34258
DYCOR COPORATION

Gentlemen:

By means of this letter, I am requesting that you reinstate my corporation referenced above and waive the reinstatement fee of \$600.

Please be assured that I did not receive any Corporate Annual Reports for 1999 until now.


I did have a girl helping me with office administrative work and all I can think of is that she disposed of any Corporate Annual Report before I had any chance to see them.

Fortunately, this girl is no longer helping me with any office work. I assure you that in all future years, I will make myself notes on my callendar in order to look for these Annual Reports, and thus preventing this from happening again in the future.

I apologize for any inconvenience and expense this may have caused and I would be very appreciative if you could grant me this request at this time.

Thank you for your time and assistance in this matter.

Sincerely,


Dolores Y. Colon
President

/dyc

Enclosure