

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 SEP 26 AM 11:11

DOCUMENT # S37469

1. Corporation Name

D+L Incorporated

2. Principal Office Address - No P.O. Box #

940 Clearwater Largo Rd
Suite, Apt. #, etc.

3. Mailing Office Address

940 Clearwater Largo Rd
Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

Largo FL

City & State

Largo FL

Zip

33770

Country

US

Zip

33770

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3-13-1991

5. FEI Number

59-3057301

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

Sandra Fowler

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

3205 W. Granada St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

500264747509
09/26/14--01033--015 **1235.00

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

Sandra Fowler

Date

9-17-2014

REGISTERED AGENT MUST SIGN

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
P	Damiano Marchiafava	2750 E. Bay Dr D-15	Largo, FL 33771
S	Luzecia Marchiafava	2750 E. Bay Dr. P-15	Largo, FL 33771

10. E-mail Address: smfowler41@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Damiano Marchiafava

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-2014

Date

727-531-4107

Daytime Phone #