

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
~~X~~
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

00 NOV 22 PM 5:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # V40855**

DUTCHMAN TWO, INC.
2957 Flamingo Drive
Miami Beach, FL 33140

2. If Address in Box 1 is different in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

June 2, 1992

5. FEI Number

Applied For

☒ FEI Number Applied For

☐ FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD IS	Devecht, Norman	2957 Flamingo Drive	Miami Beach, FL 33140

000003496880--0

12/12/00 01042 015

***1350.00 ***1350.00

11/18

REGISTERED AGENT INFORMATION

Name

8. Name and Address of Current Registered Agent

Norman Devecht
2957 Flamingo Drive
Miami Beach, FL 33140

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

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:

Norman Devecht

Date *11/21/00*

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director:

Norman Devecht Pres. Date *11/21/00*

Daytime Phone # *305-538-5637*

Typed or printed name of signing officer or director *Norman Devecht*

CR2E040 (8/92)