

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 27 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

V71484

1. Corporation Name

D.A.H. ASSET RECOVERY, INC.

Principal Place of Business

Mailing Address

5995 Glenbrook Drive
Boca Raton, Florida
33433

5995 Glenbrook Drive
Boca Raton, Florida
33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
5995 Glenbrook Drive

3. New Mailing Office Address, If Applicable
5995 Glenbrook Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

Zip
33433

Country
Palm Beach

Zip
33433

Country
Palm Beach

REINSTATEMENT 94-99

4. Date Incorporated or Qualified
To Do Business in Florida October 12, 1992

5. FEI Number

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSD	CADWELL, SYLVIA J.	5995 Glenbrook Drive	Boca Raton, Florida 33433
			900003099749--9 -01/14/00--01099--015 ***1500.00 ***1500.00
			900003099749--9 -01/14/00--01099--016 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Not Applicable

Name
PETER H. SCHMIDT

Street Address (P.O. Box Number is Not Acceptable)
400 South Dixie Highway

Suite, Apt. #, Etc.
Suite 420

City
Boca Raton

State
FL

Zip Code
33432

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 December 15, 1999

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Sylvia Cadwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 15, 1999

Date

Daytime Phone #

CR2E040 (1/98)