

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**\*APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

98 JUL -8 PM 12:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # *PAW000076757*

1. Corporation Name

**DAVECO ENTERPRISES INC.**

Principal Place of Business

Mailing Address

**6530 Pineloch Court  
 Jupiter, Fl 33458**

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		4. Date Incorporated or Qualified To Do Business in Florida <b>9/26/96</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0701540</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	David A Whelihan Jr.	6530 Pineloch Ct.	Jupiter, Fl 33458
D	David A Whelihan Jr.	6530 Pineloch Ct.	Jupiter, Fl 33458
			800002583088--8
			<i>B</i> 7-8-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
David A Whelihan Jr. 6530 Pineloch Court Jupiter, Fl 33458		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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: **7-7-98**

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **7-7-98** Daytime Phone #

CP2E040 (1/98)

2082



ACCOUNT NO. : 072100000032  
REFERENCE : 883804 7158854  
AUTHORIZATION : *Patricia Pujols*  
COST LIMIT : \$ 900.00

ORDER DATE : July 8, 1998  
ORDER TIME : 10:56 AM  
ORDER NO. : 883804-005  
CUSTOMER NO: 7158854  
CUSTOMER: Mr. Lawrence P. Westcott  
Triple Check Income Tax  
Suite 102  
321 Northlake Boulevard  
North Palm Beac, FL 33408

DOMESTIC FILINGS

NAME: DAVECO ENTERPRISES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS

*JB*  
7-8-98

RECEIVED  
 98 JUL -8 PM 12:07  
 DIVISION OF REGISTRATION