PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000076757**

1. Corporation Name

DAVECO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
18629 LOCHPOINT CT JUPITER FL 33458	18629 LOCHPOINT CT JUPITER FL 33458

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

REINSTATEMENT 03

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: 09/16/1996

5. FEI Number: 65-0701540 — 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WHELIHAN, DAVID A JR.	18629 LOCHPOINT CT	JUPITER FL 33458

400023750004
10/13/03--01066--013 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WHELIHAN, DAVID A JR. 18629 LOCHPOINT CT JUPITER FL 33458	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State: FL — Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent _____ Date 10/9/03
REGISTERED AGENT MUST SIGN

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.

DAVID A. WHELIHAN JR.

SIGNATURE: _____ 10/9/03 561-575-9017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVECO Enterprises, Inc.
18629 Lochpoint Court
Jupiter, FL 33458
(561) 575-9017

October 9, 2003

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. BOX 6327
Tallahassee, FL 32314-6327

Re: DAVECO ENTERPRISES, INC.
Document # P96000076757

Dear Sir or Madam:

Enclosed you will find an Application for Reinstatement for DAVECO Enterprises, Inc. as well as $150 filing fee. As per my conversation with Katrina at your office today, an application was previously submitted on 6/6/03 along with a $150 fee (check #810). However, upon receipt of this Notice of Dissolution or Revocation, we checked our records and found that the $150 check has not been cashed. We can only assume, at this point, that the application and check were lost in the mail previously.

Thus, I hereby respectfully request that you waive the reinstatement fee of $600 and reinstate the corporation. I will call your office in a week or two to confirm receipt of this letter, application and fee.

Thank you for your prompt consideration of my request.

Very truly yours,

David A. Whelihan Jr.
President, DAVECO Enterprises, Inc.