

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000058815**

1. Corporation Name

Davelle Specialties, Inc.

2. Principal Office Address  
9051 Pittsburgh Blvd.

Suite, Apt. #, etc.

City & State  
Fort Myers

Zip Country  
33912 Lee

3. Mailing Office Address  
9051 Pittsburgh Blvd.

Suite, Apt. #, etc.

City & State  
Fort Myers

Zip Country  
33912 Lee

4. Date Incorporated or Qualified  
To Do Business in Florida 08/08/00

5. FEI Number  
46-8012250696-7

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  
Richard Matte

Street Address (P.O. Box Number is Not Acceptable)  
9051 Pittsburgh Blvd.

Suite, Apt. #, Etc.

City  
Fort Myers

State Zip Code  
FL 33912

000035721040  
05/06/04-01067-005 \*\*300 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

*Richard Matte*

Date 5/3/04

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	Tina Matte	9051 Pittsburgh Blvd.	Fort Myers, FL 33912
VP	Richard Matte	9051 Pittsburgh Blvd.	Fort Myers, FL 33912

10. 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:

*Richard Matte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/04

Date

239-433-7836

Daytime Phone #

CR6001 (01/04)

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**Davelle Specialties, Inc.**

9051 Pittsburgh Blvd.  
Fort Myers, FL 33912  
PH 239-433-7836

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May 3, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Please, if possible, wave any penalty fees for reinstatement.

I have not received any noification.

Thank you for your prompt attention.

Sincerely,



Richard Matte  
VP National Sales