

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 11 PM 3:16

94-00

REINSTATEMENT

DOCUMENT # 360513

1. Corporation Name

David P. Bishop & Associates, Inc.

2. Principal Office Address

9299 S.W. 112th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

USA

3. Mailing Office Address

9299 S.W. 112th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/03/1970

5. FEI Number

59-1287903

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

Kent J. Anderson

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

7101 South Tamiami Trail, Suite A

Suite, Apt. #, Etc.

Suite A

City

Sarasota

State

FL

Zip Code

34231

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

Kent J. Anderson

REGISTERED AGENT MUST SIGN

Date

9/5/2000

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/D	William B. Stein	9299 S.W. 112th Avenue	Miami, Florida 33176
S/T/D	Thomas D. Stein	1241 Big Oak Lane	Sarasota, Florida 34232

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:

William B. Stein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-00 954-442-6263

Date

Daytime Phone #

CR2E081 (9/99)