PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
DIVISION OF CORPORATIONS
01 DEC 26 PM 4:31

CORPORATION REINSTATEMENT

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

DOCUMENT # 430114

1. Corporation Name
DAVE BURKE, INC.

REINSTATEMENT 01

2. Principal Office Address	3. Mailing Office Address
1102 W. WATERS AVE	1102 W. WATERS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33604 Country:	Zip: 33604 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 7-9-73

5. FEI Number: 59-1465661 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for the Certificate of Status

7. Name and Address of Current Registered Agent

Name: DAVID F. BURKE

900004765383--5
-01/10/02--01014--002
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 1102 N. WATERS AVENUE

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33604

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: David F. Burke REGISTERED AGENT MUST SIGN Date: 12-26-01

CR2E061 (8/00)

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
PT	BURKE, DAVID F	1102 W. WATERS AVE	TAMPA FL 33604
VS	BURKE, DAVID F JR	1102 W. WATERS AVE	TAMPA FL 33604

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: David F. Burke 12-26-01 (813)933-3848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #