

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 11 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

100 000058815

DAVELLE SPECIALTIES, INC

2. Principal Office Address

9051 PITTSBURGH BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

Zip

33912

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/16/00

5. FEI Number

65-1021560

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

FOOT MYERS

State
FL

Zip Code

33912

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

R. P. Matte

REGISTERED AGENT MUST SIGN

Date 9/9/02

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
PRES	TINA MCCAIN-MATTE	9051 PITTSBURGH BLVD.	FT. MYERS FL 33912
VP	RICHARD T. MATTE	9051 PITTSBURGH BLVD	FT. 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.

RICHARD T. MATTE

SIGNATURE:

R. P. Matte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02 239-433-7836

Date

Daytime Phone #

CR2E081 (9/01)

js 9/11/02