

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

REINSTATEMENT 03-04

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 #

CR60001 (01/04)

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Davelle Specialties, Inc.

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

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