

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -2 PM 2:20

DOCUMENT # P00000118059

1. Corporation Name

Dave Albert Inc

2. Principal Office Address - No P.O. Box #

5191 SW 109th Ave

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33328

Country

USA

3. Mailing Office Address

5191 SW 109th Ave

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33328

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/2000

5. FEI Number
651063229

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
Lindsey Albert

Street Address (P.O. Box Number is Not Acceptable)
5191 SW 109th ave

Suite, Apt. #, Etc.

City
Davie

State
FL

Zip Code
33328

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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. Albert

Date 9/29/2009

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 |
|--------|--------------------------------------|---|--------------------|
| DV | David Albert | 5191 SW 109th ave | Davie, FL 33328 |
| DP | Lindsey Albert | 5191 SW 109th Ave | Davie, FL 33328 |
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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 contained in Chapter 119, 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:

R. Albert LINDSEY ALBERT

9/29/2009

954-444-4824

Date

Daytime Phone #