

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000006634

1. Corporation Name

dewey & associates, Inc.

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

6860 Gulfport Blvd. S

Suite, Apt. #, etc.

202

City & State

St. Petersburg, FL

Zip

33707

Country

US

3. Mailing Office Address

6860 Gulfport Blvd. S

Suite, Apt. #, etc

#202

City & State

St. Petersburg, FL

Zip

33707

Country

US

7. Name and Address of Current Registered Agent

Name

David Caruthers

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

6860 Gulfport Blvd. S

Suite, Apt. #, Etc.

#202

City

St. Petersburg, FL

State

FL

Zip Code

33707

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

FEB 05. 2010

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
PSTD	David L Caruthers	6860 Gulfport Blvd. S #202	St. Petersburg, FL 33707
			M. MILLIGAN EXAMINER
			FEB -9 2010

10. E-mail Address: dewey@deweyandassociates.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

[Signature]

FILED

10 FEB -8 AM 10:18

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

08-10

REINSTATEMENT

300168247543

02/08/10--01067--001 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 1/18/2001

5. FEI Number

593691280

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.