

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

09 JAN 20 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000014683

1. Corporation Name

LAURA DAVID, INC.

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

4833 CYPRESS WOODS DRIVE

Suite, Apt. #, etc.

APT. # 4303

City & State

ORLANDO FLORIDA

Zip

32811

Country

ORANGE

3. Mailing Office Address

4833 CYPRESS WOODS DRIVE

Suite, Apt. #, etc.

APT. # 4303

City & State

ORLANDO FLORIDA

Zip

32811

Country

ORANGE

600141491936

01/20/09--01057--007 \*\*1350.00

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/7/2001

5. FEI Number

010648290

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

LAURA DAVID

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

4833 CYPRESS WOODS DRIVE

Suite, Apt. #, Etc.

SUITE # 4303

City

ORLANDO

State

FL

Zip Code

32811

☒ 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

*Laura David*  
REGISTERED AGENT MUST SIGN

Date

1/16/09

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.	LAURA DAVID	4833 CYPRESS WOODS DR. # 4303	ORLANDO, FL. 32811
SECRETARY			
VP	DOUGLAS DAVID	4833 CYPRESS WOODS DR. # 4303	ORLANDO, FL. 32811
TREASURER			

**REINSTATEMENT RH**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS DAVID

Date

1/15/09 (407)256-8931

Daytime Phone #