

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROV  
FILED

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JUL 13 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029219

**1. Corporation Name**

6590 Davie Corp.

**2. Principal Office Address**

**3. Mailing Office Address**

3812 Riverland Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip  
33312

Country  
US

**REINSTATEMENT 04-06**

**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number**

651116052

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

Mark J. Lynn, Esquire, Robert S. Forman, P. A.

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

2101 West Commercial Blvd., Suite 2800

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33309

**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

REGISTERED AGENT MUST SIGN

Date June 23, 2006

**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
D	Scott Miller	3812 Riverland Road	Ft. Lauderdale, FL 33312
D	Gerilyn Miller	3812 Riverland Road	Ft. Lauderdale, FL 33312

500077764905  
07/20/06--01004--003 \*\*450.00

**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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Gerilyn Miller, Director

6-14-06 9549311424  
Date Daytime Phone #

71.002

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LAW OFFICES  
**ROBERT S. FORMAN, P.A.**  
SUITE 4100  
2101 WEST COMMERCIAL BOULEVARD  
FORT LAUDERDALE, FLORIDA 33309

ROBERT S. FORMAN  
MARK J. LYNN

TELEPHONE (954) 735- 0000  
TELEFAX (954) 735-3636

OF COUNSEL  
VINCENT J. ALTINO, P.A.  
BERMAN & KEAN, P.A.

July 7, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

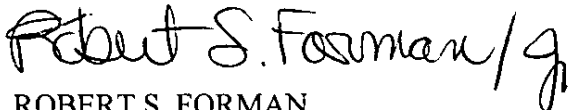
RE: 6590 Davie Corp.

Dear Ladies and Gentlemen:

This firm represents 6590 Davie Corp. in connection with its submission of the enclosed Reinstatement Form. Our client has informed us that it did not receive its Uniform Business Report from the State nor any Notices of Intent to dissolve. Our client will only be paying the \$450.00 fee for 2004, 2005 and 2006), as it should not be responsible for any extra fees arising from filing the Report late when it did not receive the Report in a timely fashion.

If you have any questions or comments, please contact me.

Very truly yours,



ROBERT S. FORMAN  
RSF/js  
Encls. as stated above