

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1052

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

DOCUMENT # P01000039104

1. Corporation Name

DAVID PIERCE CORPORATION

02 NOV 25 PM 12:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

14340 N. DALE MABRY
TAMPA FL 33618

Mailing Address

14340 N. DALE MABRY
TAMPA FL 33618



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-371441-4

Not Applicable

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75. Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	SPIVOCK, WILLIAM J	14340 N. DALE MABRY	TAMPA FL 33618

600008832686

11/06/02--01092--015 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOORE, STEVEN W
8200 BRYAN DAIRY ROAD #300
LARGO FL 33777

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-04-02

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

31 oct 02 813-961-1927



PS 20F2

31 October 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Document #P01000039104

Greetings,

We received your Notice of Administrative Dissolution or Revocation notice for our failure to file our 2002 Corporation Annual Report. The Notice of Revocation was a surprise, as we never received our two previous uniform business report notices. Accordingly, please waive the reinstatement fees.

Thank you,

A handwritten signature in black ink, appearing to read "W. J. Spivock".

William J. Spivock
President

