

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT #

1. Corporation Name

PO2000120516

ANALIS DBAH, INC.

2. Principal Office Address

691 LAKEVIEW DR

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 771291

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33071

Country

City & State

CORAL SPRINGS FL

Zip

33071

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Nov 7, 2002

5. FEI Number

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

CLAUDE GABRIEL

400036547754

05/18/04--01040--008 **300.00

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

691 LAKEVIEW DR

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

Claude Gabriel

Date

5-13-04

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
C	CLAUDE GABRIEL	691 LAKEVIEW DR	CORAL SPRINGS FL 33071

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 filling 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:

Claude Gabriel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-13-04

Daytime Phone #

954-345-8790

FILED

04 MAY 14 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2001 (01/04)

May 13, 2004

Ms. Susan Payne
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Dear Ms. Gaines,

Attached is the application for the reinstatement of my corporation. My annual reports had not been filed by inadvertence. I was not aware that the forms for filing had been sent because they never reached me. I am also a new incorporator so I was not expecting them. There is a problem in this complex with mail delivery. Your database shows that the 2003 form was returned to you even though I have not moved. I should have received it. I am therefore, respectfully requesting that the reinstatement fee be waived.

Enclosed is also a \$300.00 check to cover the filing fees.

I thank you in advance for all the help that you have given me in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Claude Gabriel". The signature is written in black ink and is positioned above the printed name.

Claude Gabriel