

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 18 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
DEVARD HOLDINGS, INC

P-03000007934

914 HEMINGWAY CIRCLE
SAME

2. Principal Office Address
914 HEMINGWAY CIRCLE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

Zip
33602

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 1/22/03

5. FEI Number
22-3892784

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
JOSEPH VILLAREAL

Street Address (P.O. Box Number is Not Acceptable)
1106 N. FRANKLIN ST.

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33602

300041937119
10/18/04--01057--012 **150.00

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

Date 10/15/04

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 |
|--------|--------------------------------------|---|--------------------|
| DIR | ALAN J. DEVOS, II | 914 HEMINGWAY CIRCLE | TAMPA, FL, 33602 |
| DIR | ROBERT D. PICARD, III | 701 SEAGATE DRIVE | TAMPA, FL, 33602 |
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/04

CR2E081 (01/04)

DEVARD HOLDINGS, INC.

914 HEMINGWAY CIRCLE
TAMPA, FL 33602

813-227-9570

October 6, 2004

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

To Whom It May Concern:

Enclosed please find our reinstatement application along with our check in the amount of \$150.

During 2003, Devard Holdings, Inc. moved from its location at 400 Harbour Place Drive, Tampa, Florida to its new location at 914 Hemingway Circle, Tampa Florida. As a result of the move, we had not received the annual Form UBR. Therefore, we request a waiver of the \$600 reinstatement fee do to these circumstances.

Thank you for your assistance in this matter.

Sincerely,



Alan J. Devos, II
President