

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 27 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000015904

1. Corporation Name
Dave Blanchard, Inc.

2. Principal Office Address
6388 Glenchester Dr.

Suite, Apt. #, etc.

City & State
Webster, Florida

Zip Country
33597 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

SAME

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 1/27/2004

5. FEI Number
200731025

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 → See Change Form enclosed

Name
Jarrod M. Scharber, Esq.

Street Address (P.O. Box Number is Not Acceptable)
38038 Meridian Ave.

Suite, Apt. #, Etc.

City
Dade City, FL

State Zip Code
FL 33525

900082082759
11/27/06--01042--004 **900.00

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

REGISTERED AGENT MUST SIGN

Date 11/16/2006

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
Pr. Sec. Tr.	David Blanchard	6388 Glenchester Dr.	Webster, FL. 33597
V.P.	Christopher Blanchard	7255 Knoxville Dr.	Webster, FL 33597

REINSTATEMENT 05-04

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

11/16/06 (352) 279-9866
Date Daytime Phone #

LAW OFFICES OF
CHARLES D. WALLER
PROFESSIONAL ASSOCIATION

ATTORNEY AT LAW

38038 MERIDIAN AVENUE
POST OFFICE BOX 1668
DADE CITY, FLORIDA 33526-1668
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November 21, 2006

TELEPHONE:
(352) 567-4690
FAX: (352) 567-1307

Division of Corporations
Secretary of State
Post Office Box 6327
The Capitol
Tallahassee, FL 32304

RE: Dave Blanchard, Inc.

Dear Sirs:

Enclosed are the completed Corporation Reinstatement as well as the Statement of Change of Registered Office or Registered Agent for the above stated corporation. I have also enclosed payment in the amount of \$935.00 for these services.

Please process this at your earliest opportunity and thank you for your assistance. If you have any questions, please do not hesitate to call me.

Very truly yours,

The Law Office of
CHARLES D. WALLER, P.A.
Attorney at Law


Jarrod M. Scharber

JMS/ch
Enclosures as stated