

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000059635

1. Entity Name
DAVID W. BELL, INC.



07 OCT 12 AM 11:05

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
48 CHARLES TERRACE
ORMOND BEACH, FL 32174

Mailing Address
48 CHARLES TERRACE
ORMOND BEACH, FL 32174

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1515 Ridge Wood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Holly Hill FL

Zip

Country

32117

Country



10052007 REIN-P CR2E098 (1/07)

4. FEI Number
90-0197004

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, DAVID W
48 CHARLES TERRACE
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name: JOE Loguidice
Street Address: 1515 Ridge Wood Ave
City: Holly Hill FL 32117

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: BELL, DAVID W
STREET ADDRESS: 48 CHARLES TERRACE
CITY-ST-ZIP: ORMOND BEACH, FL 32174

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: 400110749094

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: 10/12/07-01075-005 **150.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: REINSTATEMENT 2007

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/5/07 1386/ 280-1438