

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 SEP 21 AM 9:39

DOCUMENT # P06000034108

1. Corporation Name

DABEL ENTERPRISES, INC

800160890922  
09/21/09--01059--003 \*\*\*450.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

582 Orange Dr.

3. Mailing Office Address

P.O. Box 550067

Suite, Apt. #, etc.

# 104

Suite, Apt. #, etc.

City & State

Altamonte Springs, Florida

City & State

Orlando, Florida

Zip

32701-5329

Country

United States

Zip

32855-0067

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

3/08/2006

5. FEI Number  
20-4483503

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

Daniel Belanger

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

582 Orange Dr.

Suite, Apt. #, Etc.

# 104

City

Altamonte Springs, Florida

State  
FL

Zip Code

32701-5329

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Daniel J. Belanger*

Date 9-15-2009

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
Pres.	Daniel Belanger	582 Orange Dr.	Altamonte Springs, Florida 32701

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:

*Daniel J. Belanger*

Daniel Belanger

9-15-2009

407-687-9734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #