

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUL -8 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000057855

1. Corporation Name

Dr. Dad, Inc.

~~1209~~ = 32365

000158274210  
07/08/09--01050--006 \*\*300.00

01-28-09 01023 005 \$750.00

REINSTATEMENT 07-09

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

8075 Gate Parkway West

Suite, Apt. #, etc.

305

City & State

Jacksonville, Fl.

Zip

32216

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

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

David Derbabian

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

12863 Brodick Court

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32224

☒ 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

*David Derbabian*

REGISTERED AGENT MUST SIGN

Date

6/1/09

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| P      | David Derbabian                      | 12863 Brodick Court                               | Jacksonville, Fl. 32224 |
|        | <i>DM/15</i>                         |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

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:

*David Derbabian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/09 9042962992

Date

Daytime Phone #