

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
CLARK DEPARTMENT STATE  
Sandra Clark  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000020505

1. Corporation Name DAVE'S C.C. CUB, INC.

On Sum's Lane P.O. Box 12251 Tall, FL 32317

Principal Place of Business Mailing Address

off Bradfordville Rd Tallahassee, FL 32308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3203988

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	David Clayton	P.O. Box 12251 N/A	Tallahassee, FL 32317
VP	Elizabeth B. Clark	P.O. Box 12251 N/A	Tallahassee, FL 32317

8. Name and Address of Current Registered Agent

Elizabeth B. Clark  
302 Glenview Dr.  
Tallahassee, FL 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Elizabeth B. Clark  
REGISTERED AGENT MUST SIGN

Date 12/30/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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 taxes 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:

Elizabeth B. Clark  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 JAN -2 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500002390395--3

-01/06/98--01012--009

\*\*\*\*315.00 \*\*\*\*315.00

3/18/93

Applied For

Not Applicable

CP2E040 (2/96)

12/30/97

(2)

Dear Sir:

This is to inform you that we did not receive notice that corporate taxes were due, therefore, we are requesting that the penalty be waived.

Thank you

Elizabeth B Clark