

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 17 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053719

1. Corporation Name
DAVREN INDUSTRIES, INC.

Principal Place of Business Mailing Address
~~7990 SE 59TH CIRCLE~~ ~~7990 SE 59TH CIRCLE~~
~~OKEECHOBEE FL 34974~~ ~~OKEECHOBEE FL 34974~~



REINSTATEMENT all

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

2. New Principal Office Address, If Applicable 6006-A Performance Rd Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 6006-A Performance Rd Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 07/28/1993	
City & State Mooresville NC Zip 28115 Country Rowan		City & State Mooresville NC Zip 28115 Country Rowan		5. FEI Number 65-0584725 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	RIDLING, DAVID	779 SE 59TH CIR 6006-A Performance Rd	OKEECHOBEE FL Mooresville, NC 28115
DVP	SULLIVAN, ED	4100 GLADES	FT. PIERCE FL
DST	BURDENSCHAW, BEN	1910 SW 3RD AVENUE	OKEECHOBEE FL
			300002064563-3 -01/22/97--01101--022 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIDLING, DAVID J
7990 SE 59TH CIRCLE
OKEECHOBEE FL 34974

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 [Signature] Date 10/22/96
REGISTERED AGENT MUST SIGN

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 fees 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: [Signature] 10/22/96 6041664-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (7/96)