


## 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P94000081102</b> 1. Entity Name <b>DAVID PRICE, INC.</b>	
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FILED  
07 OCT 18 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>812 S W 15TH AVENUE FT LAUDERDALE, FL 33312</b>	Mailing Address <b>1323 SE 17TH ST #260 FT LAUDERDALE, FL 33316</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State -Zip - - Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip - - - Country
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6. Name and Address of Current Registered Agent <b>SQUIRE, PAUL F 812 S W 15TH AVENUE FT LAUDERDALE, FL 33312</b>		4. FEI Number <b>65-0533635</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> Delete <b>SQUIRE, PAUL F</b> <b>1323 S E 17TH STREET APT 260</b> <b>FORT LAUDERDALE, FL 33316</b>
TITLE	<input type="checkbox"/> Delete _____ _____ _____
TITLE	<input type="checkbox"/> Delete <i>11/10/22</i> _____ _____ _____
TITLE	<input type="checkbox"/> Delete _____ _____ _____
TITLE	<input type="checkbox"/> Delete _____ _____ _____
TITLE	<input type="checkbox"/> Delete _____ _____ _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500111014946</b> <b>10/19/07--01053--024 **150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____

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 reports 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: \_\_\_\_\_ Date: *15 Oct 07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR