

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000001394

1. Corporation Name

ART DAVID ENTERPRISES, INC.

Principal Place of Business

WAVELIGHT DIGITAL IMAGES
99 W PLANT STREET
WINTER GARDEN FL 34787

Mailing Address

ART DAVID
14138 LAKE TILDEN BLVD
WINTER GARDEN FL 34787

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1995

5. FEI Number

59-3292314

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DAVID, ARTHUR K	14138 LAKE TILDEN BLVD N	WINTER GARDEN FL 34787
V	DAVID, PAULINE C	14138 LAKE TILDEN BLVD N	WINTER GARDEN FL 34787

500024013185
10/22/03--01043--014 **750.00

8. Name and Address of Current Registered Agent

DAVID, ARTHUR K
14138 LAKE TILDEN BLVD
WINTER GARDEN FL 34787

9. Name and Address of New Registered Agent

Name

JACK E. OWENS

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

2731 Silver Star Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

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. or 617.0505, F.S.

Signature of
Registered Agent

Pauline C. David

REGISTERED AGENT MUST SIGN

Date

10-16-03

11. 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:

Pauline C. David

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-03

Date

407-877-2408

Daytime Phone #

CR2E040 (7/03)