## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000007467

1. Corporation Name

DAVID K. MOORE, INC.

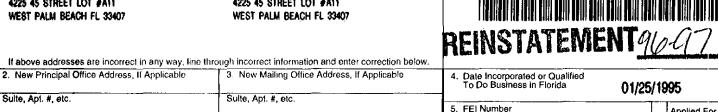
Principal Place of Business

Malling Address

4225 45 STREET LOT #A11 WEST PALM BEACH FL 33407 4225 45 STREET LOT #A11

FILED 97 SEP 10 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



City & Stat	8	City & Sta	City & State		65-	0559181	Not Applicable	
Zip	p Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 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 3 (Do NOT Use Post Office Box Numb		ector	City / State / Zip		
PT	MOORE, DAVID K		4225 45 STREET LOT #A11			WEST PALM BEACH FL 33407		
			<b>E</b>		*****915.00 *****915.00			
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8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
MOORE, DAVID K 4225 45 STREET LOT #A11 WEST PALM BEACH FL 33407					Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			

rporation, am familiar with and accept the obligations of Section 607.0505, F.S

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

(See other side for information

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 filling 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR