

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katharine B. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000036444**

1. Corporation Name

**DAVID CANTRELL, INC.**

Principal Place of Business

767 S. SR 7, SUITE 7  
MARGATE FL 33068

Mailing Address

767 S. SR 7, SUITE 7  
MARGATE FL 33068

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

05/05/1995

5. FEI Number

65-0573293

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DPST	CANTRELL, DAVID	767 S. SR 7, SUITE 7	MARGATE FL 33068

000004705230-3  
-12/05/01--01006--009  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

CANTRELL, DAVID  
767 S. SR 7, SUITE 7  
MARGATE FL 33068

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/7/01 954-974-1600

FILED

01 NOV 13 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2ED40 (8/01)

DAVID CANTRELL INC  
767 SOUTH STATE ROAD 7 SUITE 7  
MARGATE, FL 33068

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November 7, 2001

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
PO BOX 6327  
TALLAHASSEE, FL 32314

Gentlemen,

Enclosed is our 2001 uniform business report for our corporation David Cantrell, Inc. along with our check for \$150.00 for fees due on this report. Our document # is P95000036444.

As we never received our original annual report or a delinquent notice we were unable to pay the fees due when the original forms were mailed out by the Department of State.

Under the extenuating circumstances we are asking the department to accept our enclosed 2001 uniform business report as timely filed, with a filing fee of \$150.00 as originally charged. We have enclosed the application for reinstatement for year 2001. Also enclosed is a payment of \$150.00 for the original fees to be charged.

Thank you for your understanding concerning the issue at hand.

If you have any questions, we can be reached at 954-974-1600.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "David Cantrell".

David Cantrell,  
President