

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 20 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000033208

1. Corporation Name

DAVE'S PLACE, INC.

REINSTATEMENT

500161934975

10/20/09--01004--004 **300.00

CR2E081 (12/08)

REINSTATEMENT

4. Date Incorporated or Reincorporated
To Do Business in Florida 04/15/1996

5. FEI Number
59-3373921

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

2. Principal Office Address - No P.O. Box #

2723 Silver Star Rd.

3. Mailing Office Address

2723 Silver Star Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32808

Country

US

Zip

32808

Country

US

7. Name and Address of Current Registered Agent

Name

Stone, Stephen M.

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

725 N. Magnolia Ave.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/19/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	Kapurja, Kajal	2723 Silver Star Rd.	Orlando, FL 32808
V/T	Patel, Shivani	2723 Silver Star Rd.	Orlando, FL 32808

10. 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 contained in Chapter 119, 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
Shivani Patel, Vice Pres.

10/16/09 407-433-3331

Date

Daytime Phone #