

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -2 AM 9:41

DOCUMENT # **P97000059861**

1. Corporation Name

DV8, INC.

Principal Place of Business

Mailing Address

**2800 S FEDERAL HWY
FORT LAUDERDALE FL 33316**

**2800 S FEDERAL HWY
FORT LAUDERDALE FL 33316**



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0765753

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BERNARD, GREGG	2800 S FEDERAL HWY	FORT LAUDERDALE FL 33316

**600003471856--3
-11/21/00--01022--018
****450.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BERNARD, GREGG
2800 S FEDERAL HWY
FORT LAUDERDALE FL 33316**

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

10/27/00

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

10/27/00

Daytime Phone #

9544631528

CR2E040 (8/00)



COPA

FT. LAUDERDALE'S ONLY LATE NIGHT CLUB

2800 S. Federal Highway
Ft. Lauderdale, FL 33316
(954) 463-1508

E-mail copaflaud@aol.com

October 27, 2000

RE: Lauderdale Copa, Inc.
DV8 Inc.
B&G Entertainment

To Whom It May Concern:

Please accept the above referenced Annual Reports for filing. I hereby request they be considered filed on a timely basis with the \$150 filing fee. I did not receive the original reports and have just now received the Notice of Administrative Dissolution or Revocation which is enclosed to complete our filing requirement.

Thank you in advance for your help with this matter.

Very truly yours,


Gregg Bernard
Owner