

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082506

1. Corporation Name

DBP, INC.

Principal Place of Business

Mailing Address

PANEVINO, RITORANTE  
8853 TAMiami TR N  
NAPLES FL 34108  
US

9715 GULFSHORE DR UNIT 101  
NAPLES FL 34108

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

2. New Principal Office Address, If Applicable

9715 GULFSHORE DR.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

UNIT 101

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

Zip

34108

Country

COLL, 017

Zip

Country



REINSTATEMENT

2001

4. Date Incorporated or Qualified To Do Business in Florida

09/22/1997

5. FEI Number

65-0782924

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
D	MCBRIDE, DAVID E	9715 GULFSHORE DR UNIT 101	NAPLES FL 34108
D	MCBRIDE, BARBARA	9715 GULFSHORE DR UNIT 101	NAPLES FL 34108
			300004719103--3 -12/11/01--01072--029 ****750.00 ****750.00 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCBRIDE, DAVID E  
9715 GULFSHORE DR UNIT 101  
NAPLES FL 34108

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

*David E. McBride*

Date

11-20-01

REGISTERED AGENT MUST SIGN

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:

*David E. McBride*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-20-01 591-1274

Daytime Phone #

CR25040 (8/01)