

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000090031

1. Corporation Name

D.A.B. PROFESSIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

718 ST CROIX COVE
NICEVILLE FL 32578

718 ST CROIX COVE
NICEVILLE FL 32578

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

2. New Principal Office Address, If Applicable

1176 DON BISHOP RD.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1176 DON BISHOP RD
Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FL

City & State

SANTA ROSA BEACH, FL

Zip

32459

Country

USA

Zip

32459

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1997

5. FEI Number

65-0787969

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BURGIS, DEAN A.F.	718 ST CROIX COVE	NICEVILLE FL 32578
P	BURGIS, DEAN A.F.	1176 DON BISHOP RD	SANTA ROSA BEACH, FL 32459 600040964616 12/14/04--01017--016 **150.00
			600040964616 09/10/04--01048--013 **750.00

8. Name and Address of Current Registered Agent

BURGIS, DEAN
718 ST CROIX COVE
NICEVILLE FL 32578

9. Name and Address of New Registered Agent

Name

BURGIS, DEAN

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

1176 DON BISHOP RD.

Suite, Apt. #, Etc.

City

SANTA ROSA BEACH

State

FL

Zip Code

32459

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. or 617.0505, F.S.

Signature of
Registered Agent

Dean A. F. Burgis

REGISTERED AGENT MUST SIGN

Date

8-31-04

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:

Dean A. F. Burgis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-04 (850) 622-9579

Date

Daytime Phone #

CR2E040 (7/03)