

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -8 : AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR
99-02

DOCUMENT # P 98 0000 49114

1. Corporation Name

DAVID & DAVID ENTERPRISES, INC.

2. Principal Office Address

585 S.E. 9th AVE

3. Mailing Office Address

585 S.E. 9th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

HIALEAH, FLORIDA

Zip

33010

Country

DADE

Zip

33010

Country

DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

JUNE 2, 98

5. FEI Number

65 083 9990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARTA F VEGA

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

585 S.E. 9th ave.

Suite, Apt. #, Etc.

City

HIALEAH, FLORIDA

State
FL

Zip Code
33010

400005598264-5
-05/22/02--01059--024
*****8.75 *****8.75
400005598264-5
-05/22/02--01059--025
*****600.00 *****600.00

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

Marta F. Vega
REGISTERED AGENT MUST SIGN

Date

05/03/02

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	ROBERTO VEGA PIE	585 s.e. 9th ave	HIALEAH, FLORIDA 33010
v/t/s	MARTA F. VEGA	585 s.e. 9th ave.	HIALEAH, FLORIDA 33010

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 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:

Marta F. Vega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/03/02

Daytime Phone #

(305)
888-9008

CR2E081 (9/01)

20f2
MAY 02, 02

attn; FLORIDA DEPT OF STATE

FROM: MARTA FONTELA VEGA
585 s.w. 9th ave.
HIALEAH, FLORIDA 33010

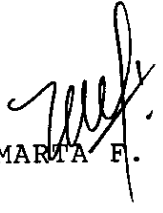
DEAR SIRs:

ENCLOSED PLEASE YOU WILL FIND A PERSONAL CHECK FOR THE AMOUNT OF
600.00 DOLLARS, PAYABLE TO DEPT OF STATE.

THE REASON FOR THIS REINSTATEMENT IS BECAUSE I MOVED FROM ONE
LOCATION TO ANOTHER AND I DO NOT RECEIVED THE ANNUAL REPORT....
MY MISTAKE.

I APOLOGIZE FOR THIS INCONVENIENCE.

THANK YOU FOR YOUR COOPERATION,


MARTA F. VEGA