

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 21 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 98 0000 49114**

1. Corporation Name

DAVID & DAVID Enterprises Inc

2. Principal Office Address

5860 SW 8th Street

Suite, Apt. #, etc.

No 1

City & State

MIAMI FLORIDA

Zip

33144

Country

UNITED STATES

3. Mailing Office Address

5860 SW 8th Street

Suite, Apt. #, etc.

No 1

City & State

MIAMI Florida

Zip

33144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-083999-0

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000045173710

01/24/05--01002--002 **500.00

7. Name and Address of Current Registered Agent

Name

CYNARA ORTEGA

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

585 S.E 9th ave

Suite, Apt. #, Etc.

Alh

City

FLA

State

FL

Zip Code

33010

000045173710

01/24/05--01002--004 **154.00

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

Cynara Ortega
REGISTERED AGENT MUST SIGN

Date **JAN/19/05**

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
PRES	CYNARA ORTEGA	585 S.E 9th ave	Alh FL 33010
P/V/D			

000045173710

01/24/05--01002--003 **400.00

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:

Cynara Ortega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 19/05
Date

Date

(305) 262-5666
Daytime Phone #

CR2E081 (01/05)