

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 15 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

K. Eckel MAR 15 2007 9-07
CR2007 (1/07)

DOCUMENT # P98000078771

1. Corporation Name
DABLO BUSINESS SERVICES CORPORATION OF FLORIDA

2. Principal Office Address - No P.O. Box #
7035 PHILLIPS HWY

Suite, Apt. #, etc.
9

City & State
JACKSONVILLE, FL

Zip
32216

Country
USA

3. Mailing Office Address
7035 PHILLIPS HWY

Suite, Apt. #, etc.
9

City & State
JACKSONVILLE, FL

Zip
32216

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **09/04/1998**

5. FEI Number
20-8624482

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
SIERRA MURRAY

Street Address (P.O. Box Number is Not Acceptable)
7035 PHILLIPS HWY

Suite, Apt. #, Etc.
9

City
JACKSONVILLE

State Zip Code
FL 32216

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Sierra Murray
REGISTERED AGENT MUST SIGN

Date **14th March 07**

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
COO	LULA SMILEY	7035 PHILLIPS HWY SUITE 9	JACKSONVILLE, FL 32216
CFO	DAVID FERGUSON	7035 PHILLIPS HWY SUITE 9	JACKSONVILLE, FL 32216
VP	SIERRA MURRAY	7035 PHILLIPS HWY SUITE 9	JACKSONVILLE, FL 32216

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04/04/07--01029--011 **1350.00

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 contained in Chapter 119, 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:

Sierra Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07
Date

9044704510
Daytime Phone #