


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P99000054971

1. Corporation Name

DAVE INK, INC.

Principal Place of Business

2552 ELDERBERRY DRIVE
CLEARWATER FL 33761

4645 ILEX CT
PALM HARBOR, FL 34685

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

Mailing Address

2552 ELDERBERRY DRIVE
CLEARWATER FL 33761

4645 ILEX CT.
PALM HARBOR, FL 34685

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 14 AM 11:41



REINSTATEMENT 01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

4645 ILEX CT

City & State

PALM HARBOR, FL

Zip

34685

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4645 ILEX CT

City & State

PALM HARBOR, FL

Zip

34685

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1999

5. FEI Number

59-3582449

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
P	VINCELLI, DAVID C	2552 ELDERBERRY DRIVE 4645 ILEX CT	CLEARWATER FL 33761 PALM HARBOR, FL
S	VINCELLI, AMY L	2552 ELDERBERRY DRIVE 4645 ILEX CT	CLEARWATER FL 33761 34685
			000004739710--4
			-12/26/01--01034--005
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

VINCELLI, DAVID C

2552 ELDERBERRY DRIVE SEE ABOVE
CLEARWATER FL 33761

4645 ILEX CT.

PALM HARBOR, FL 34685

9. Name and Address of New Registered Agent

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

Date 12-11-01

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:

Amy L. Vincelli AMY L. VINCELLI

10-18-01 727 938-5538

Date

Daytime Phone #