PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DO(CUM	IEN	T#

P99000054971

1. Corporation Name

DAVE INK, INC.

Principal Place of Business

Mailing Address

4645 ILEX CT

PALM HARBOR FL 34685

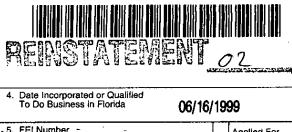
4645 ILEX CT

PALM HARBOR FL 34685

FILED

02 NOV 27 AM 8: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
New Principal Office Address, If Applicable 3. New Mailin			ing Office Address, If Applicable		Date Incorporate To Do Busin	Date Incorporated or Qualified To Do Business in Florida 06/16/1999			
		Suite, Apt. #	Suite, Apt. #, etc.		- 5. FEI Number	· <u>.</u>	Applied For		
		City & State			59-3582449		Not Applicable)	
Zip Country Zip		Country		6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee require for a Certificate of Status				
7. Names	and Street Addresses of Each Offic	er and/or Director (Flo	orida nonprofit com	porations must list at	least 3 directors)			_	
Title(s)	Fitte(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
Р	VINCELLI, DAVID C		4645 ILEX CT			PALM HARBOR FL 34685			
S VINCELLI, AMY L		4645 ILEX CT		PALM HARBOR FL 34685					
•									
					50 11/27/	000 92456 0201095021	85 **750.00		
8. Name and Address of Current Registered Agent			ent	Name and Address of New Registered Agent		\gent			
VINCELLI, DAVID C 4645 ILEX CT PALM HARBOR FL 34685				Name					
			Street Address (F		s (P.O. Box Number	P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, Etc.			4	_	
				City		State FL	Zip Code		
10. I, being	g appointed the registered agent of	the above named corp	oration, am familia	r with and accept the	e obligations of Secti	on 607.0505, F.S. or 617.050	5, F.S.		

Signature of Registered Agent

Date 11101102

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 filling 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:

Ulol/cu 727-93
Date Daytime Phone #