

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pagelo

APPLICATION
FOR



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

DOCUMENT # **P99000079838**

1. Corporation Name

DAVID'S BEST, INC.

Principal Place of Business

**7792 SAN ISADRO STREET
BOYNTON BEACH FL 33437**

Mailing Address

**7792 SAN ISADRO STREET
BOYNTON BEACH FL 33437**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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

09/02/1999

5. FEI Number

65-0959715

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TRIEBITZ, DAVID	7792 SAN ISADRO STREET	BOYNTON BEACH FL 33437
D	TRIEBITZ, JANET	7792 SAN ISADRO STREET	BOYNTON BEACH FL 33437

300005492983--8
05/09/02 01002 019
******300.00 ****300.00**

01-02 UBR 18

8. Name and Address of Current Registered Agent

**TRIEITZ, DAVID
7792 SAN ISADRO STREET
BOYNTON BEACH FL 33437**

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

David Triebitz

REGISTERED AGENT MUST SIGN

Date

4-4-02

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:

David Triebitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-4-02

Daytime Phone #

CR2E040 (8/01)

April 3, 2002

Department of State
Division of Corporations
409 Gaines Street
Tallahassee, Fl. 32399

Gentlemen:

I called the Department of State this morning and explained my problem, and that I had never received the UBR application for 2001, and had changed my accountants last April, and was travelling back and forth from my New York Home and Florida Home due to my illness, and treatments that had to be received. I was experiencing terrible trouble with my mail, and as I said subsequently I did not receive the UBR 2001.

Your office advised me to send in the Reinstatement Notice with a check for \$300.00 which would cover 2001 and 2001 UBR payments, and that my corporation would be reinstated and up to date. I thank you for your understanding and cooperation.

Sincerely yours;



David Triebitz

David's Best, Inc. EIN # 65-0959715 - Document # P99000079838

7792 San Isidro Street

Boynton Beach, Fl.