

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

529022

1. Corporation Name

DAVID AND SHIRLEY INC.

FILED

99 AUG 23 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

866 Bumby Lane
Auburndale Fla 33823

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

4-1-99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3052424

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Mr	David Bush	866 Bumby Lane	Auburndale Fla 33823
Mrs	Shirley Bush	866 Bumby Lane	Auburndale Fla 33823
			800002977298--7
			09/02/99 01077-002
			***1200.00 ***1200.00

REINSTATEMENT 96-98

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8. Name and Address of Current Registered Agent

Joseph G Bywater
PO DRAWEL 2807
Lakeland Fla 33806-2807

9. Name and Address of New Registered Agent

Name: DAVID BUSH
Street Address (P.O. Box Number is Not Acceptable): 866 Bumby Lane
Suite, Apt. #, Etc.:
City: Auburndale State: FL Zip Code: 33823

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 Bush

REGISTERED AGENT MUST SIGN

Date

9-19-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 BUSH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-99
Date

941-967-1012
Daytime Phone #

CR2E061 (12/98)