

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S71647**

1. Corporation Name

DAVID MARK, INC.

FILED

97 FEB -7 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2004 WILTON DRIVE
WILTON MANORS FL 33305

Mailing Address

2004 WILTON DRIVE
WILTON MANORS FL 33305

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

08/05/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0279638

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State 4
PD	ROGERS, DAVID D.	840 NE 20TH DRIVE 707	WILTON MANORS FL
DVS	JEFFERS, MARK G.	520 N.E. 20TH ST #601	WILTON MANORS FL
TD	WILSON, CHRISTOPHER	3317 NW 10TH TERRACE, SUITE 408	OAKLAND FL

REINSTATEMENT

95-916 2/1/97

8. Name and Address of Current Registered Agent

JEFFERS, MARK G.
2004 WILTON DRIVE
WILTON MANORS FL 33305

9. Name and Address of New Registered Agent

Name **DAVID D. ROGERS**
Street Address (P.O. Box Number is Not Acceptable)
707 NE 20th Dr.
Suite, Apt. #, Etc.
City **WILTON MANORS** State **FL** Zip Code **33305**

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 D. Rogers

REGISTERED AGENT MUST SIGN

Date

1/22/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 D. Rogers, Pres. **DAVID D. ROGERS, Pres.** 1/22/97 954-537-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (6/95)