

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # P02000093758

DAVENPORT, LOYD & FIGARI INVESTMENT MANAGEMENT I
NC.

Principal Place of Business

Mailing Address

5375 SE REEF WAY
STUART FL 34997

5375 SE REEF WAY
STUART FL 34997

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

789.5
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/2002

5. FEI Number

Applied For

20-0001503

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DAVENPORT, DALE W	5375 SE REEF WAY	STUART FL 34997
P	LOYD, LEONARD F	2602 SE GRAND DRIVE	PORT ST. LUCIE FL 34952
			700025427707 12/11/03--01061--008 **150.00
			700025427707 12/31/03--01024--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVENPORT, DALE W
5375 SE REEF WAY
STUART FL 34997

Name _____

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zin 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. or 617.0505, F.S.

Signature of
Registered Agent

Date 11-09-2007

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.

Dale W. Davenport

SIGNATURE:

Signature: *John W. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

October 31, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Davenport, Loyd & Figari Investment Management, Inc.
Document #: P02000093758

To Whom It May Concern:

I am in receipt of your *Notice of Administrative Dissolution or Revocation* for Davenport, Loyd & Figari Investment Management, Inc. As instructed by your office I am enclosing a completed *Corporation Reinstatement Application* and a check in the amount of \$150.

We incorporated on August 27, 2002. We do not have a record of ever receiving the UBR report from your office. As we had not engaged an accountant at that time, we were not aware of this filing requirement. We have now engaged the services of an accountant to ensure that all filing requirements are met timely.

We are enclosing the original fee due of \$150, and respectfully request that you waive any late filing/reinstatement penalties and reinstate the corporation immediately. We will make every effort to ensure that this does not happen in the future.

If you have any questions, please feel free to contact me at (772) 286-2001. Thank you for your consideration of this matter and I look forward to hearing from you.

Sincerely,



Dale Davenport
Managing Partner

Enclosure