PLEASE	READ ALL INS	STRUCTION	S BEFORE (COMPLET	ING THIS FORM	√ 1.
APPLICATION FOR PREINSTATION	OBL	DA DEPARTME Jim Smit Secretary of DIVISION OF CORPO	.h State		FILED	
DOCUMENT # 363545 1. Corporation Name				02 NOV -5 PM 12: 39		
DAVIS SANITATION, IN			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business	Mailing Ad	dress		_		
3307 NW 135TH STREET OPA-LOCKA FL. 33054	35TH STREET A FL. 33054					
If above addresses are incorrect in any 2. New Principal Office Address, If Appl Suite, Apt. #, etc.	Suite Art	illing Office Address, I	f Applicable	Date Incorp To Do Busii	orated or Qualified ness in Florida	05/04/1970
STOTUS-DAIRY RD 857		illes DAIRY RD 1-4-45		5. FEI Numbe	59-2253250	Applied For Not Applicable
Zip 33179 Country ()	SA 2033	179 Count	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	1	OF STATUS DESIRED	8.75 Additional Fee require for a Certificate of Status
	f Officers		ations must list at lea			
P DAVIS, RAYMOND		3 Officer and/or Director			City / State / Zip	
DAVIO, NATIMOND		1250 NE 200 S	l		MIAMI FL 331=	<i>t</i> 7
VTSD DAVIS, RAYMOND R JR	1210 N.E. 200TH STREET			MIAMI FL 33179		
S DAVIO, JOE	7 171 OW 11 OF			PEMERONE PINES FL 00020		
					3008769 8 ³²⁰¹⁰¹⁰⁰⁰⁷	**150.00
8. Name and Address	of Current Registered Ag	ent		9. Name and A	ddress of New Registered	Acces
DAVIS, RAYMOND JR.			Name Street Address (P.O. Box Number is Not Acceptable)			
1210 N.E. 200TH STREET MIAMI FL 33179		Suite, Apt. #, Etc.				
			City		State FL	
Signature of Registered Agent	nt of the above named corporate to the above	pration, am familiar wi	th and accept the obl	gations of Sectio	n 607.0505, F.S. or 617.050 Date /0/22	5, F.S.
11. I certify that I am an officer or director this reinstatement application, the reas	or the receiver or trustee en	npowered to execute to	his application as pro	vided for in chap	ter 607 or 617, F.S. I further	certify that when filing

on this application is true and accurate, and my signature shall have the same legal effect as if read under cother control or the same legal effect as if read under control or the same legal effect as if read under control or the same legal effect as if read under control or the same legal effect as if read under control or the same legal effect as if read under control or the same legal effect as if read under control or the same legal effect as if read under control or the same legal effect as if read under control or the same legal effect as if read under control or the same legal effect as if read under control or the same legal effect as if read under control or t on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

DAVIS SANITATION 850 IVES DAIRY ROAD T-9-B-**MIAMI, FLORIDA 33179** 305-653-2684 FAX:305-653-9040 BOOKKEEPING 305-653-2379 FAX: 305-653-0531

To Whom It May Concern,

10/28/02

In regards to the statement we received regarding the dissolving of our corporation.

I feel that this is in error and would respectfully request that you waive the late/reinstatement fee. We have always paid in a timely manner. For example in 1998 the bill was paid on 02/24/98. 1999 the bill was paid on 03/01/99. In 2000 payment was made on 01/07/00. In 2001 payment was made on 01/05/01. When the last payment was made in 2001 the mailing address was 850 Ives Dairy road Suite T-9-B. However now the address had reverted back to 3307 N.W. 135th Street. We did not request another address change.

The correspondence that we received today was sent to the old address. This is the first And only notice that we have received, since 2001. Please note that on the reinstatement form our principle address and mailing address are as follows. 850 Ives Dairy Road, suite T-9-B, Miami, Florida 33179.

Please feel free to contact me if I can be of any further assistance.

Sincerely, Raymond Wart

Raymond Davis

President