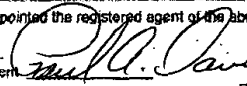
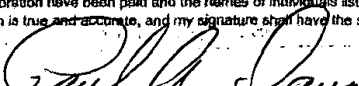


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 497632			
1. Corporation Name HUGH R. DAVIS ASSOCIATES, INC.			
2. Principal Office Address 201 SE 15TH TERRACE		3. Mailing Office Address 201 SE 15TH TERRACE	
Suite, Apt. #, etc. SUITE 103A		Suite, Apt. #, etc. SUITE 103A	
City & State DEERFIELD BEACH, FL		City & State DEERFIELD BEACH, FL 33441	
Zip 33441	Country U.S.A.	Zip 33441	Country U.S.A.
4. Date Incorporated or Qualified To Do Business in Florida FEB. 2, 1976		5. FEI Number FW 59-1652191	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name PAUL A. DAVIS			
Street Address (P.O. Box Number is Not Acceptable) 4710 NE 17TH AVENUE			
Suite, Apt. #, Etc. POMPANO BEACH, FL			
City POMPANO BEACH,		State FL	Zip Code 33064
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date NOV. 6, 2001	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	PAUL A. DAVIS	4710 NE 17TH AVENUE	POMPANO BEACH, FL 33064
10. 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)(b), 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: 		PAUL A. DAVIS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 11/06/01	Daytime Phone # (954) 698-9101

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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