

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -8 AM 10:38

DOCUMENT # 531626

1. Corporation Name

DAVIS DEVELOPMENT & INVESTMENT CO.

500003046055--9  
-11/16/99--01082--013  
\*\*\*750.00 \*\*\*750.00

Principal Place of Business

Mailing Address

2016 HENDRICKS AVENUE  
JACKSONVILLE FL 32207  
US

2016 HENDRICKS AVENUE  
JACKSONVILLE FL 32207  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/15/1977

5. FEI Number

59-1809596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Add Initial 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
PD	DAVIS, JOHN C	2016 HENDRICKS AVENUE	JACKSONVILLE FL
<del>PD</del>	<del>KENT, EDDIE L</del>	<del>225 WATER ST, SUITE 100</del>	<del>JACKSONVILLE FL</del>
S	DAVIS, CATHERINE L	2016 HENDRICKS AVENUE	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, JACK C  
2016 HENDRICKS AVENUE  
JACKSONVILLE FL 32207

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip 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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/4/99

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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-4-99 (904) 398-0253

Daytime Phone #

CR25040 (8/99)