


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**APPLICATION FOR REINSTATEMENT**



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

FILED

00 OCT 23 PM 4:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 847934**

1. Corporation Name  
**DAVCO CORPORATION OF TENNESSEE**

Principal Place of Business	Mailing Address
5384 POPLAR AVE MEMPHIS TN 38119	5384 POPLAR AVE MEMPHIS TN 38119

*Handwritten initials*



**REINSTATEMENT 2000**

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	01/13/1981
5. FEI Number	62-0869784
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
CD	DAVENPORT, W H <i>chg</i>	5384 POPLAR AVE #500	MEMPHIS, TN 00000
PD	DAVENPORT, W.H., II <i>chg</i>	5384 POPLAR AVE STE 500	MEMPHIS TN
SD	BRUITT, ROBERT <i>chg</i>	5384 POPLAR AVE #500	MEMPHIS TN 38119
			000003455740--5 11/07/00 01090 019 ***750.00 ***750.00
	List attached		

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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 *Barbara A. Bupke* **REGISTERED AGENT MUST SIGN** Date *10/19/00*

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 *10/18/00* Daytime Phone # *(901) 683-5222*

CR2E040 (8/00)

## DAVCO CORPORATION

### OFFICERS

#### PRESIDENT –

WILLIAM HERMAN DAVENPORT, II  
1468 PINE SHADOW DRIVE  
MEMPHIS, TN 38120

#### VICE PRESIDENT –

DAVID JON MARTIN  
775 UPPER SALT RIVER ROAD  
DANVILLE, KY 40422

#### TREASURER –

ROBERT LEWIS ZITNEY  
54 WESTLAKE ROAD  
TRUMBULL, CT 06430

#### SECRETARY –

ROBERT MARC MILLER  
5 WINSLOW ROAD  
WESTON, CT 06883