

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -9 AM 11: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000029255920
02/23/04--01074--013 **758.75

DOCUMENT # F36704

1. Corporation Name

Edgar E. Davis, P.A.

2. Principal Office Address

3255 Tamiami Trail, N.

Suite, Apt. #, etc.

3. Mailing Office Address

3255 Tamiami Trail, N.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

US

Zip

34103

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

May 22, 1981

5. FEI Number

59-2094872

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edgar E. Davis

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

3255 Tamiami Trail, N.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

000029255920

03/09/04--01067--004 **141.25

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

Edgar E. Davis

Registered Agent
REGISTERED AGENT MUST SIGN

Date 19 Feb. '04

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
P	Edgar E. Davis	3255 Tamiami Trail, N.	Naples, FL 34103
S	Edgar E. Davis	3255 Tamiami Trail, N.	Naples, FL 34103
D	Edgar E. Davis	3255 Tamiami Trail, N.	Naples, FL 34103

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)(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:

Edgar E. Davis
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

19 Feb. '04 239/595-5571

Date

Daytime Phone #

CR2E081 (01/04)