Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000086953 3)))

H12000086953ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
DAVIES ENGINEERING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,200.00

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR -4 AM 8:22

DOCUMENT # F99000001642

1. Corporation Name
Davies Engineering, Inc.

REINSTATEMENT 09-12

CR2E061 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1227 East Hwy 30	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gonzales LA	City & State
Zip: 70737 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/24/99

5. FEI Number: 72-1413421 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

APR 04 2012

T. CAULEY

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0803, F.S.

Signature of Registered Agent: [signature] Daniel J. Murphy, III, Asst. Secretary, CT Corporation System date 2/29/2012
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
Exec Mgr (M)	James L. Cormier	17013 Nicholls Ave	Baton Rouge La 70817
Vice Pres	Guy Joiner	1227 E Hwy 30	Gonzales, La. 70737
VP (V)	Tom Davies	1227 E Hwy 30	Gonzales, La. 70737
Pres (P)	Carlos Cyrom	1227 E Hwy 30	Gonzales, La. 70737

10. E-mail Address: jcormier@excelusa.com
(To be used for future annual report notification)

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 upon 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 3/15/12
NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #