

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 SEP-25 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100008070801--8  
-09/27/02--01021--017  
\*\*\*2503.75 \*\*\*2503.75

DOCUMENT # J75564

1. Corporation Name

DAVISSON F. DUNLAP, PA

2. Principal Office Address

2057 DELTA WAY

Suite, Apt. #, etc.

3. Mailing Office Address

2057 DELTA WAY

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

Zip

32303

Country

LEON

Zip

32303

Country

LEON

4. Date Incorporated or Qualified  
To Do Business in Florida

FEB 6, 1987

5. FEI Number

591-99-0363

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

7. Name and Address of Current Registered Agent

Name

DAVISSON F. DUNLAP, JR

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

2057 DELTA WAY

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

*Davidson F. Dunlap, Jr.*

Date

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	DAVISSON F. DUNLAP, JR	2057 DELTA WAY	TALLAHASSEE FLA 32303
DIRECTOR	DAVISSON F. DUNLAP, JR	2057 DELTA WAY	" "

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:

*Davidson F. Dunlap, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Sept 2002

Date

3855080  
Daytime Phone #

CR2E081 (9/01)