

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 JUN 10 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K 86676

1. Corporation Name  
DAVINO Properties, Inc. W98-7154

Principal Place of Business Mailing Address  
2355 WOODBEND CIRCLE  
NEWPORT RICHEY FLORIDA 34655

400002561104--3  
-06/16/98--01065--019  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

REINSTATEMENT 95-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 901 THOMAS DAVINO 2355 WOODBEND CIRCLE NEWPORT RICHEY FLORIDA 34655	3. New Mailing Office Address, If Applicable DAVINO PROPERTIES INC 2355 WOODBEND CIRCLE NEWPORT RICHEY FLORIDA 34655	4. Date Incorporated or Qualified To Do Business in Florida MAY 9 1989	FEI Number 59-2987058	Applied For Not Applicable
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CERTIFICATE OF STATUS DESIRED  \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	THOMAS DAVINO	2355 WOODBEND CIRCLE NEWPORT RICHEY FL 34655	NEWPORT RICHEY FLORIDA 34655

400002561104--3  
-06/16/98--01065--020  
\*\*\*1200.00 \*\*\*1200.00

8. Name and Address of Current Registered Agent THOMAS DAVINO 2355 WOODBEND CIRCLE NEWPORT RICHEY FLORIDA	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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: Thomas Davino REGISTERED AGENT MUST SIGN Date: 3/26/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: Thomas Davino SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3/26/98 Daytime Phone #

CR2040 (1/98)