PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2008 09 SBH

CR2E041 (10/08)

DOCUMENT # _L05000046380_

1. Limited Liability Company's Name

DAVON, LLC

2. Principal Office Address - No P.O. Box #
2722 Via Tivoli

Suite, Apt. #, etc.
Unit 414A

City & State
Clearwater, FL

Zip _33764_   Country _US_

3. Mailing Office Address
2722 Via Tivoli

Suite, Apt. #, etc.
Unit 414A

City & State
Clearwater, FL

Zip _33764_   Country _US_

4. State/Country of Formation
Florida / US

5. Date Organized or Qualified To Do Business in Florida
_5/10/2005_

6. FEI Number
_20-2814555_   ☐ Applied For   ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name _Dennis Klein_

Street Address (P.O. Box Number is Not Acceptable)
2722 Via Tivoli

Suite, Apt. #, Etc.
Unit 414A

City _Clearwater_   State _FL_   Zip Code _33764_

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _[signature]_   Date _10/26/2009_

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Dennis Klein	2722 Via Tivoli Unit 414A	Clearwater, FL 33764
		7001822779BT 10/28/09--01043--019 **277.50	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _[signature]_   Date _10/26/09_   Daytime Phone # _727-797-8401_

Typed or printed name of signing Managing Member/Manager _Dennis Klein_