

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000075681

FILED
Oct 09, 2006
Secretary of State

Entity Name: DAVIS AND STEPHENSON, P.L.

Current Principal Place of Business:

227 NORTH MAGNOLIA STREET
SUITE 101
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 950826
LAKE MARY, FL 32795

New Mailing Address:

227 NORTH MAGNOLIA AVE.
SUITE 101
ORLANDO, FL 32801

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVIS, JACQUELINE K
1015 REGAL POINTE TERRACE
APARTMENT 203
LAKE MARY, FL 32746 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACQUELINE K DAVIS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: DAVIS, JACQUELINE K
Address: 1015 REGAL POINT TERRACE, APT. 203
City-St-Zip: LAKE MARY, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: STEPHENSON, CHRISTOPHER M
Address: 1204 EAST WASHINGTON STREET, APT. 1
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JACQUILINE K DAVIS

MGRM

10/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date