

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 10 AM 9:14
TALLAHASSEE, FLORIDA

DOCUMENT # **L23933**

1. Corporation Name

G.A. DAVID HOMES, INC.

2. Principal Office Address

49 SEA PARK DRIVE

Suite, Apt. #, etc.

City & State

SAINT AUGUSTINE, FL

Zip

32080

Country

USA

3. Mailing Office Address

49 SEA PARK DRIVE

Suite, Apt. #, etc.

City & State

SAINT AUGUSTINE, FL

Zip

32080

Country

USA

REINSTATEMENT

CR2E081 (12/05)

00-06

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1989

5. FEI Number

5929 77200

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George A. DAVID

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

49 SEA PARK DRIVE

Suite, Apt. #, Etc.

City

SAINT AUGUSTINE

State
FL

Zip Code

32080

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

George A. David

REGISTERED AGENT MUST SIGN

Date **3/9/2006**

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
P/S/T/D	George A. DAVID	49 SEA PARK DRIVE	SAINT AUGUSTINE, FL 32080

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03/30/06--01038--023 **1650.00

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 contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George A. David
George A. DAVID

3/9/2006

Date

(904) 759-0471

Daytime Phone #