

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 SEP 11 AM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L3C6769

1. Corporation Name

DAVIS & ASSOCIATES CERTIFIED
PUBLIC ACCOUNTANTS, P.A.

Principal Place of Business

Mailing Address

1000 Tamiami Tr N STE 203
Naples FL 34102

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

2. New Principal Office Address, If Applicable

4112 Willowhead Way
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4112 Willowhead Way
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/89

5. FEI Number

65-0157400

Applied for

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Naples, FL
Zip 34103 Country USA

City & State

Naples FL
Zip 34103 Country USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	Malcolm J. Davis	4112 Willowhead Way	Naples, FL 34103

REINSTATEMENT

TS 9/11

600002640086-5

-09/15/98--01066--004

***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Malcolm Davis
4112 Willowhead Way
Naples, FL 34103

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

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

Malcolm Davis

REGISTERED AGENT MUST SIGN

Date

9/8/98

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:

Malcolm J. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/25/98

Daytime Phone #

941-
262-2208