

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 SEP 29 PM 1:30

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L92000000013**

Davis & Ferree, L.C.  
2189 Cleveland Street, Suite 210  
Clearwater, FL 34625

1a. Principal Place of Business Address  
2189 Cleveland Street, #210  
Clearwater, FL 34625

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business  
2189 Cleveland St.  
Suite, Apt. #, etc.  
210  
City & State  
Clearwater, FL 34625  
Zip Country  
34625 Pinellas

2a. Mailing Address  
2189 Cleveland St.  
Suite, Apt. #, etc.  
210  
City & State  
Clearwater, FL 34625  
Zip Country  
34625 Pinellas

3. Date Organized or Qualified 11/03/92  
3a. State of Formation Florida  
4. FEI Number ☐ Applied For ☒ Not Applicable  
5. Date of Last Report 8/27/93  
6. Certificate of Status Desired \$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

Represent-Tour, L.C.  
701 N. Hercules Ave., Suite C  
Clearwater, FL 34625

8. Name and Address of New Registered Agent

Name  
L. R. Mayer  
Street Address (P.O. Box Number is Not Acceptable)  
2189 Cleveland Street, Suite 210  
Suite, Apt. #, etc.  
City Zip Code  
Clearwater FL FL 34625

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 *L. R. Mayer* Date 9-26-97

REGISTERED AGENT MUST SIGN

10. Title Managing Member/Managers Business Street Address City, State & Zip Code  
MAN L. R. Mayer 2189 Cleveland Street, 210 Clearwater, FL 34625

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-10/06/97--01157--003  
\*\*\*1527.50 \*\*\*1527.50

REINSTATEMENT

1993-1997

*(Signature)*

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 *L. R. Mayer* Date 9-26-97 Daytime Phone # 813-447-7777

Typed or printed name of signing Managing Member/Manager L R MAYER