

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Glen H. ...  
Secretary of State  
VISION OF CORPORATIONS

01339  
03 OCT 31 PM 3:00  
10/31

1. DOCUMENT # M02000001339

Name and Mailing Address

0015937 01 MB 0.309 \*\*AUTO T9 0 0615 31792-626300



DAVIS LAND SERVICES, LLC  
800-A METCALF AVENUE  
THAOMASVILLE GA 31792-6263

REINSTATEMENT 2003



07/11/03 90026 029 \$50.00

2. New Mailing Address P.O. Box 1375 City, State, Zip Thomasville, GA 31799		4. State/Country of Formation GA	
Principal Place of Business 800-A METCALF AVENUE THAOMASVILLE GA 31792		5. Date Organized or Qualified To Do Business in Florida 05/21/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 58-225204 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DAVIS, J CLAUD IV	800-A METCALF AVENUE	THAOMASVILLE GA 31792

12. I certify that I am managing member/manager or the receiver or trustee authorized 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 REQUIRED** \_\_\_\_\_ Date 10/21/03 Daytime Phone # (229) 227-5675

Typed or printed name of signing Managing Member/Manager

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This bill was paid with check number 1245 July 8, 2003.

The second notice that was mailed went to 800 A Metcalf Avenue

That address has been changed to P.O. Box 1375, Thomasville, GA 31799.

We never received that notice.

Thanks,

Tamara

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 31 PM 3:00