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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN 17 AM 8:00

DOCUMENT # P00000016198

1. Corporation Name

ELIZABETH J. DAVIS, P.A.

2. Principal Office Address

95 LAURA HAMILTON BLVD.  
Suite, Apt. #, etc.

3. Mailing Office Address

43 GULFSIDE WAY  
Suite, Apt. #, etc.

City & State

SANTA ROSA BCH, FL

City & State

DESTIN, FL.

Zip

32459

Country

WALTON

Zip

32550

Country

WALTON

REINSTATEMENT 03-04  
MRD

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 30, 2000

5. FEI Number

59-3638910

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

ELIZABETH J. DAVIS

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

43 GULFSIDE WAY

Suite, Apt. #, Etc.

City

DESTIN

State

FL

Zip Code

32550

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

Elizabeth J. Davis  
REGISTERED AGENT MUST SIGN

Date

6/12/04

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
PRES	ELIZABETH J. DAVIS	43 GULFSIDE WAY	DESTIN, FL. 32550

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 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:

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

Date

6/12/04 850-865-2975

Daytime Phone #

CR2E081 (01/04)

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April 29, 2004

Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, Fl. 32314

I did not receive the 2003 statement for filing my annual report. I am sending payment for 2003 and also for 2004. Please change mailing address to:

43 Gulfside Way  
Destin, Fl. 32550

Thank you,

*Elizabeth J. Davis, P.A.*

Elizabeth J. Davis, P.A.

FEI # 593638910

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