

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000062398

1. Corporation Name

S.L. DAVIS, INC.

Principal Place of Business

648 VILLA COURT
CLERMONT FL 34711

Mailing Address

648 VILLA COURT
CLERMONT FL 34711

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2000

5. FEI Number

59-3655305

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	DAVIS, SUSAN L	648 VILLA COURT	CLERMONT FL 34711
VS	DAVIS, SUSAN L	648 VILLA COURT	CLERMONT FL 34711

500008818425
11706702--01029--003 **150.00

8. Name and Address of Current Registered Agent

DAVIS, SUSAN L
648 VILLA COURT
CLERMONT FL 34711

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

CR2E040 (8/02)



Assured Accounting Concepts, Inc.

240 Mohawk Road
Clermont, Florida 34711
352-394-4048
Fax 352-394-3272

119 W. Lemon Street
Lady Lake, Florida 32159
352-753-1337
Fax 352-753-9336

October 29, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: S.L. Davis, Inc.
59-3655305

Dear Sir or Madam:

Enclosed please find the Application for Reinstatement for the above referenced corporation. Also enclosed is check #1497 in the amount of \$150.00.

The Registered Agent, Susan L. Davis did not receive the first two Uniform Business Reports. Ms. Davis will be happy to sign an affidavit regarding this.

We are respectfully requesting that the penalties be abated and the \$150.00 be accepted for the filing of this reinstatement. Thank you for your attention in this matter.

Very truly yours,

Peggy L. Abraham

PLA/mm

Encs.

cc: S.L. Davis