

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 DEC -5 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000093659**

1. Corporation Name

**KIM ALYSE DAVIS GRAPHIC DESIGN STUDIOS, INC.**

Principal Place of Business

Mailing Address

**3835 MIRUELO CIRCLE SOUTH  
JACKSONVILLE FL 32217**

**3835 MIRUELO CIRCLE SOUTH  
JACKSONVILLE FL 32217**



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

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/02/2000**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-3678537**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DAVIS, KIM A	3835 MIRUELO CIRCLE SOUTH	JACKSONVILLE FL 32217
D	DAVIS, PETER J	3835 MIRUELO CIRCLE SOUTH	JACKSONVILLE FL 32217

200009365992  
12/05/02--01011--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DAVIS, KIM A  
3835 MIRUELO CIRCLE SOUTH  
JACKSONVILLE FL 32217**

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

**11/30/02**

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 (KIM A. DAVIS)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/30/02 904534-8310**

Daytime Phone #

CR2E040 (8/02)

# KIM ALYSE DAVIS

GRAPHIC DESIGN STUDIOS

3835 Miruelo Circle South • Jacksonville, FL 32217  
FAX 904.731.3588 • 904.534.8310  
daviskad@attbi.com

November 30, 2002

To Whom It May Concern,

I am writing this letter to explain why I didn't file for my corporation annual report/uniform business report for 2002 on time...

This year when the form was due I was in and out of the hospitals because I was pregnant with twins and was extremely sick. Then, I had my two twin daughters early and was not able to be productive. Therefore the form must have been overlooked through all the chaos. Did I mention I also have a daughter who is under the age of 2 who I was taking care of as well.

I have enclosed a check for \$150 to have my corporation reinstated. Thank you for your understanding and cooperation in this matter. If you have any questions please feel free to call me at 904.534.8310.

Sincerely,



Kim A. Davis