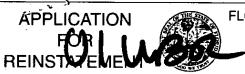
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

**DIVISION OF CORPORATIONS** 

**DOCUMENT #** P00000113645

1. Corporation Name

DAVENPORT INSURANCE SERVICES INC.

Principal Place of Business

Mailing Address

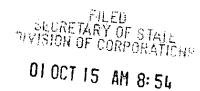
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1005 PROVIDENCE LANE

SIGNATURE:

1005 PROVIDENCE LANE



- I F**erilares** dia color colle **co**ra colle col

OVIEDO FL 32765			OVIEDO FL 32765						
. يت		ting the second of the second		<b>.</b> .					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
				ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     12/07/2000			
Suite, Apt. #, etc. Suite, Apt. #				, etc.		5. FEI Number Applied For			
City & State City & State				)		59-3723986 Not Applicable			
Zip Country					Country	6. CERTIFICATE OF STATUS DESIRED   S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonprof	fit corporations must list at lea	ast 3 directors)			
Title(s)	tle(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
D	DAVENPORT, TIM			1005 PROVIDENCE LANE			OVIEDO FL 32765		
			3000046496433 -10/23/0101038005						
				12 *****150.00 ****150.00					
·					(	D. Joh			
			**********	-		- · · · · · · · · · · · · · · · · · · ·			
8. Name and Address of Current Registered Agen						9. Name and	nd Address of New Registered Agent		
					Name			ŝ	
DAVEN	PORT, TIM				Street Address (F	P.O. Box Number	Number is Not Acceptable)		
1005 P	ROVIDENCE	LANE			ì		,	( <u>)</u>	
OVIEDO FL 32765				Suite, Apt. #, Etc.					
					City		State	Zip Code	
10. I, being	appointed the	registered agent of the abo	ove named corpo	oration, am fa	amiliar with and accept the ob	oligations of Secti	on 607.0505, F.S.		
		//					· .		
Signature of Registered	f Agent		Bupo				Date _(0/11/202	)	
		RI	EGISTEPMED AG	ENT MUST	SIGN		· , —	<u> </u>	
11. I certify this rein	that I am an o	officer or director or the recei	ver or trustee en	npowered to	execute this application as p	rovided for in cha	pter 607 or 617, F.S. I further ce of section 607.0401 or 617.040	ertify that when filing	
owad b	the cornerati	on have been poid and the	names of individ	unin lintad a	a this faces do not availed for		07.040	i, i .G., tilat an 1865	

## To whom this may concern:

I, Tim Davenport owner of DAVENPORT INSURANCES SERVICES INC, did not do any business for the year of 2000, and I did not receive any annual report or reports to submit. I thought I was going to open my business at that time, but it did not work out. I am going to open my business after 1/1/2002. Also, would like the late fees waved. So you can Reinstate my Corporation. Thank you very much.