

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 8:54

DOCUMENT # P00000113645

1. Corporation Name

DAVENPORT INSURANCE SERVICES INC.

Principal Place of Business

Mailing Address

1005 PROVIDENCE LANE
OVIEDO FL 32765

1005 PROVIDENCE LANE
OVIEDO FL 32765



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

12/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

SA-3723986

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DAVENPORT, TIM	1005 PROVIDENCE LANE	OVIEDO FL 32765

300004649643--3
-10/23/01--01038--005
****150.00 ****150.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVENPORT, TIM
1005 PROVIDENCE LANE
OVIEDO FL 32765

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.

Signature of
Registered Agent

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date

10/11/2001

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:

[Handwritten signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/2001 402-746-2077

CR2E040 (8/01)

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.