2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 25 PM 12:23

DOCUMENT # P00000113645

1. Entity Name
DAVENPORT INSURANCE SERVICES INC.

Principal Place of Business	Mailing Address
5240 E COLONIAL DR ORLANDO, FL 37807	5240 E COLONIAL DR ORLANDO, FL 32807

10222004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
2254 Aloma Ave. Suite, Apt. #, etc.	2254 Aloma Ave. Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32792 Country: USA	Zip: 32792 Country: USA

4. FEI Number: 59-3723986 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVENPORT, TIM
12127 CALLISTA COURT
ORLANDO, FL 32825

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAVENPORT, TIM ~~5240 E COLONIAL DR~~ 2254 Aloma Ave. ~~ORLANDO, FL 32807~~ Winter Park, FL 32792	☐ Delete	☐ Change ☐ Addition 400042162854 10/25/04--01075--026 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DAVENPORT, TANIA ~~5240 E. COLONIAL DR~~ 2254 Aloma Ave. ~~ORLANDO, FL 32807~~ Winter Park, FL 32792	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/26 aw