

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 NOV 24 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000113645			
1. Corporation Name DAVENPORT Insurance Service Inc			
2. Principal Office Address 5240 E Colonial Dr		3. Mailing Office Address HB Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando		City & State	
Zip FLA	Country 32807	Zip	Country

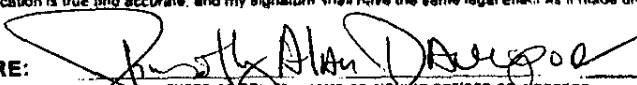
REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3723986	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for Certificate of Status	

7. Name and Address of Current Registered Agent	
Name: Timothy Alan Davenport	
Street Address (P.O. Box Number is Not Acceptable) 12127 Callista Court	
Suite, Apt. #, Etc.	
City Orlando	State FL
Zip Code 32825	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 11/21/03
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	Timothy Alan Davenport	5240 E. Colonial Dr. HB	Orlando FL 32807
Vice Pres	TANIA DAVENPORT	5240 E. Colonial Dr. HB	Orlando FL 32807

10. 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)(c), 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: 	Date 11/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 407-447-0332	

CR2E01 (3/02)



November 21, 2003

To Whom It May Concern:

The reason why my corporation was dismembered I did not get the paperwork I'm applying to get it reinstated I sent the \$150.00 back in January so you have the money.

Thank you,

A handwritten signature in black ink, appearing to be "Tim Davenport", written over the printed name.

Tim Davenport

Tim Davenport

Licensed Independent Agent

5240 E. Colonial Drive # F

Orlando, FL 32807

Phone 407-447-0332

Fax 407-447-0329

Nextel 162*36*23447

davenportinsurance@earthlink.net