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

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
5240 E Colonial Dr #B	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando	City & State
Zip: FLA 32807 Country	Zip Country

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 a 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: [signature] REGISTERED AGENT MUST SIGN Date: 11/21/03

CR2E081 (10/02)

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. #B	Orlando FL 32807
Vice Pres	TANIA DAVENPORT	5240 E. Colonial Dr. #B	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)(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] 11/21/03 407-447-0332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVENPORT INSURANCE Agency
Professional Insurance Services

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,

Tim Davenport

Tim Davenport
Licensed Independent Agent

5240 E. Colonial Drive # F
Orlando, FL 32807
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Fax 407-447-0329
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