

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000070497

1. Corporation Name

BRIAN J. DAVIS ESQ. P.A.

2. Principal Office Address - No P.O. Box #

630 U.S. Highway One

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

North Palm Beach

City & State

Zip

33408

Country

US

Zip

Country

7. Name and Address of Current Registered Agent

Name

Brian J. Davis

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

630 U.S. Highway One

Suite, Apt. #, Etc.

suite 300

City

North Palm Beach

State

FL

Zip Code

33408

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

Brian J. Davis

REGISTERED AGENT MUST SIGN

Date

10/11/07

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.	Brian J. Davis	2446 North Wallen Dr	Palm Beach Gardens
			Fl. 33410

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 contained in Chapter 119, 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:

Brian J. Davis **BRIAN J. DAVIS**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/07

Daytime Phone #

FILED

07 OCT 17 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900110871049
10/17/07--01003--022 **150.00

REINSTATEMENT 2007

4. Date Incorporated or Qualified
To Do Business in Florida

7/16/01

5. FEI Number

651130035

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.