

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 17 AM 9:42

DOCUMENT # **P01000092614**

1. Corporation Name

**KING DAVIS MINISTRIES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**000009734950**  
12/30/02--01031--007 \*\*158.75

Principal Place of Business

**4516 SAN SEBASTIAN CIR  
ORLANDO FL 32808**

Mailing Address

**4516 SAN SEBASTIAN CIR  
ORLANDO FL 32808**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/05/2001**

5. FEI Number

**59-3746910**

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C/CEO	KINGSLEY D. DAVIS	4516 SAN SEBASTIAN CIR.	ORLANDO, FL. 32808

**000009734950**  
01/17/03--01065--009 \*\*150.00

8. Name and Address of Current Registered Agent

**DAVIS, KINGSLEY D  
4516 SAN SEBASTIAN CIR  
ORLANDO FL 32808**

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**12/26/02**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12/26/02**

## KING DAVIS MINISTRIES

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26 December 2002


Division of Corporations  
Annual Report/ Reinstatement Section  
PO Box 6327  
Tallahassee, Fl. 32314-6327

Re: Report Filing

Dear Division of Corporations:

Recently, after reviewing and researching the records, I have not found both prior uniform business report notices. Thus, I am requesting a waiver of the reinstatement fee as the corporation is currently in a season of development. Thank you for your patience and understanding as we progress towards maturity.

Sincerely,



Kingsley D. Davis