

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Gloria E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000024505

1. Corporation Name

LEONARD DAVIS INVESTMENTS, INC.

Principal Place of Business

1829 DAYTONA LANE NORTH
JACKSONVILLE FL 32218

Mailing Address

1829 DAYTONA LANE NORTH
JACKSONVILLE FL 32218



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

30-0070302

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	Leonard Leroy Davis	1829 DAYTONA LANE N	JACKSONVILLE, FL 32218
			200023820162 10/15/03 01059-024 **150.00

8. Name and Address of Current Registered Agent

DAVIS, LEONARD
1829 DAYTONA LANE NORTH
JACKSONVILLE FL 32218

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

Leonard L. Davis

REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

Leonard L. Davis
Leonard L. Davis

10/10/03 (904) 7043253

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

20f2

10/5/03

Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to confirm that I did not receive a annual report for the year 2002. Please consider reinstatement of my corporation.

Sincerely



Leonard Davis