

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 21 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000050395

1. Corporation Name

R.S. DAVIS FINANCIAL GROUP, INC

2. Principal Office Address

9050 PINES BLVD

Suite, Apt. #, etc.

450-11

City & State

PEMBROKE PINES, FL

Zip

33024

Country

3. Mailing Office Address

9050 PINES BLVD

Suite, Apt. #, etc.

450-11

City & State

PEMBROKE PINES, FL

Zip

33024

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5/07/2002

5. FEI Number

04-3653985

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

RICHARD DAVIS

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

1241 GRANT STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD, FL 33019

State

FL

Zip Code

33019

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

10-15-03

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
P	RICHARD DAVIS	9050 PINES BLVD #450	PEMBROKE PINES, FL 33024

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

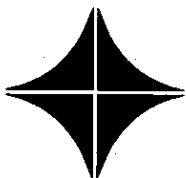
10-15-03

Daytime Phone #

954/4303893

CR2E081 (10/02)

7/10/23



R.S. DAVIS FINANCIAL GROUP
Licensed Mortgage Banker

9050 PINES BOULEVARD, SUITE 450
PEMBROKE PINES, FL 33024
PHONE: 954.430.3893 • FAX: 954.430.9619

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

October 15, 2003

To whom it may concern,

Enclosed please find a copy of the reinstatement form for my corporation and a check for the annual fee. I never received the proper forms to file on time. When sending the forms in the future it would also be better to use suite number 450-11 on all correspondences. The building management changed and now we are requested to do this.

Thanking you in advance,


RICHARD DAVIS