
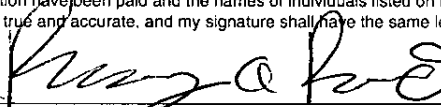


Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000010887			
1. Corporation Name DAVRICK VENTURES, INC			
53 N PALERMO AVE SAME			
2. Principal Office Address 53 N PALERMO AVE		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State	
Zip 32825	Country US	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 1/28/2004		5. FEI Number 02-0670960	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name DOLORES RAMON			
Street Address (P.O. Box Number is Not Acceptable) 53 N PALMERMO AVE			
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		Date 06/22/04	
REGISTERED AGENT MUST SIGN			
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	RICARDO RAMON	53 N PALERMO AVE	ORLANDO, FL 32825
CEO	ROBERTO RAMON	53 N PALERMO AVE	ORLANDO, FL 32825
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: 		Date 06/22/2004 (407)383-6851	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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Department of State
Division of Corporations

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Page 2 of 2

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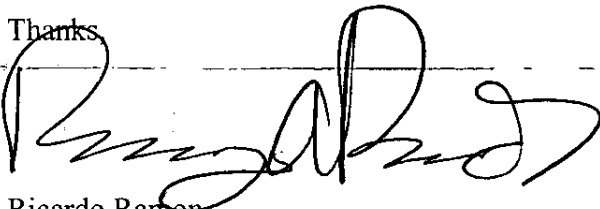
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To whom it May Concern,

I did not receive my 2003 annual filing cards because it was not sent to the correct address. I called and spoke to a representative and was informed to send this letter to wave the \$600 reinstatement fee along with my reinstatement form and a check for \$150 dollars to get everything up to date.

Thanks



Ricardo Ramon
President of DavRick Ventures Inc.