

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05

FILED

05 JAN 19 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P03000097147</b> 1. Entity Name <b>T DAVIS LAWN CARE INC.</b>			
Principal Place of Business <b>56 6TH ST NW LARGO, FL 33770</b>		Mailing Address <b>3148 O'HARA DR NEW PORT RICHEY, FL 34655</b>	
2. Principal Place of Business <b>3148 O'HARA DR</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>NEW PORT RICHEY FL</b>		City & State	
Zip <b>34655</b>		Country	
4. FEI Number <b>20-0201154</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVIS, TERRANCE 56 6TH ST NW LARGO, FL 33770</b>		7. Name and Address of New Registered Agent Name <b>DAVIS TERRANCE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3148 O'HARA DR</b>  City <b>NEW PORT RICHEY FL</b> Zip Code <b>34655</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$900.00</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DAVIS, TERRANCE D</b> <b>56 6TH ST NW</b> <b>LARGO, FL 33770</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DAVIS, TERRANCE D</b> <b>3148 O'HARA DR</b> <b>NEW PORT RICHEY FL 34655</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		1/12/05 Date Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



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