

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 AUG 13 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000017004

1. Corporation Name

W. DAVIS ENTERPRISES, INC.

400134590664
08/19/08--01008--018 **750.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2332 GALIANO STREET		2332 GALIANO STREET	
Suite, Apt. #, etc. 2ND FLOOR		Suite, Apt. #, etc. 2ND FLOOR	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134	Country US	Zip 33134	Country US

4. Date Incorporated or Qualified To Do Business in Florida	01/23/2004
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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
WALDEN DAVIS

Street Address (P.O. Box Number is Not Acceptable)
2332 GALIANO STREET

Suite, Apt. #, Etc.
2ND FLOOR

City CORAL GABLES	State FL	Zip Code 33134
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Walden Davis* Date 08/13/2008

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
CEO	WALDEN DAVIS	2332 GALIANO STREET, 2ND FL	CORAL GABLES, FL 33134

REINSTATEMENT
05-08
[Signature]

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 contained in Chapter 119, 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: *Walden Davis* Date 08/13/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #