

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000113765

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: DAVIS TRAINING SYSTEMS INCORPORATED

## Current Principal Place of Business:

103 VISTA VERDI CIRCLE  
117  
LAKE MARY, FL 32746

## New Principal Place of Business:

556 FLORIDA CENTRAL PARKWAY  
1028  
LONGWOOD, FL 32750

## Current Mailing Address:

103 VISTA VERDI CIRCLE  
117  
LAKE MARY, FL 32746

## New Mailing Address:

556 FLORIDA CENTRAL PARKWAY  
1028  
LONGWOOD, FL 32750

FEI Number: 25-1926051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOPOROWSKY, OLIVIA  
103 VISTA VERDI CIRCLE  
117  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

TOPOROWSKY, OLIVIA  
556 FLORIDA CENTRAL PARKWAY  
1028  
LONGWOOD, FL 32750 US

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.

SIGNATURE: OLIVIA L TOPOROWSKY

02/02/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TOPOROWSKY, OLIVIA  
Address: 103 VISTA VERDI CIRCLE #117  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TOPOROWSKY, OLIVIA  
Address: 556 FLORIDA CENTRAL PARKWAY  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVIA L TOPOROWSKY

D

02/02/2009

Electronic Signature of Signing Officer or Director

Date