

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -2 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000111226

1. Limited Liability Company's Name

James M. Davis, PA

2. Principal Office Address - No P.O. Box #

351 West Virginia Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 740790

Suite, Apt. #, etc.

City & State

Orange City, Fla

City & State

Orange City, Fla

Zip

32763

Country

US

Zip

32774

Country

US

4. State/Country of Formation

Volusia

5. Date Organized or Qualified
To Do Business in Florida

2006

6. FEI Number
262 68 0490

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

James Davis

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

351 W. Virginia Ave., Orange City, FL 32763

Suite, Apt. #, Etc.

City

Orange City, Fla

State

FL

Zip Code

32763

☒ A \$100 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-9-08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	James Davis	351 West Virginia Ave.	Orange City, Fla 32763

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05/08/09--01015--007 **277.50

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 10/10/2008

Daytime Phone # 386 774 7843

Typed or printed name of signing Managing Member/Manager James Davis

6/5a