

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR -6 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000014261

1. Corporation Name

NORMAN DAVIS, INC.

2. Principal Office Address

765 115TH AVE.

3. Mailing Office Address

PO Box 26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TREASURE ISLAND, FL

City & State

INDIAN ROCKS BEACH, FL

Zip

33706

Country

PINELLAS

Zip

33785

Country

PINELLAS

**4. Date Incorporated or Qualified
To Do Business in Florida**

2.22.1994

5. FEI Number

59-3227711

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NORMAN DAVIS

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

765 115TH AVE.

Suite, Apt. #, Etc.

City

TREASURE ISLAND

State

FL

Zip Code

33706

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**

REGISTERED AGENT MUST SIGN

Date 3.2.2000

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	NORMAN DAVIS	765 115 TH AVE	TREASURE ISLAND, FL 33706
S/T	SUSAN TENENBAUM	14531 WALSHINGHAM RD. #211	LARGO, FL 33774

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.2.2000 (727) 360.6663

Date

Daytime Phone #

NORMAN DAVIS

PO BOX 26
INDIAN ROCKS BEACH, FL
33785

PHONE: 727-510-7792

3.2.2000

To Whom it may Concern,

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This letter is in response to an inquiry I made regarding reinstatement of my incorporation. This past May I move from Florida to Ohio and did not receive my incorporation renewal form. When I realized this I inquired about it, my incorporation had already expired; therefore, I am requesting a one time waiver of the reinstatement fee and am enclosing a check in the amount of \$300. as per my conversation with Kathy.

Sincerely,

Norman Davis