


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2010 AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 JUN 29 PM 2:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P95000043892					
1. Corporation Name DAVIS MANAGEMENT INC.					
2. Principal Office Address - No P.O. Box # 4191 CYPRESS REACH CT Suite, Apt. #, etc. # 403		3. Mailing Office Address 4191 CYPRESS REACH CT. Suite, Apt. #, etc. # 403		CR2E081 (6/10)	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL		4. Date Incorporated or Qualified To Do Business in Florida 6-7-1995	
Zip 33069	Country USA	Zip 33069	Country USA	5. FEI Number 650583967 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Name DAVIS CHARLES W.				000182738540 06/29/10--01024--002 **550.00	
Street Address (P.O. Box Number is Not Acceptable) 4191 CYPRESS REACH CT.					
Suite, Apt. #, Etc. # 403					
City POMPANO BEACH, FL	State FL	Zip Code 33069			
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 Charles W Davis				Date 6-22-2010	
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	
PSD	DAVIS, CHARLES W.	4191 CYPRESS REACH CT.		POMPANO BEACH, FL 33069	
VP	DAVIS, JULIE	4191 CYPRESS REACH CT.		POMPANO BEACH, FL 33069	
AST	THOMPSON, LAURA	4191 CYPRESS REACH CT.		POMPANO BEACH, FL 33069	
10. E-mail Address: saved93@comcast.net (To be used for future annual report notification)					
11. 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. I further certify, 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: Charles W Davis CHARLES W. DAVIS 6-22-2010 954-977-3001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					