

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

City & State  
POMPANO BEACH FL

Zip Country  
33069 USA

3. Mailing Office Address  
4191 CYPRESS REACH CT.

Suite, Apt. #, etc.  
# 403

City & State  
POMPANO BEACH, FL

Zip Country  
33069 USA

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 6-7-1995

5. FEI Number 650583967  
 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  
DAVIS CHARLES W.  
Street Address (P.O. Box Number is Not Acceptable)  
4191 CYPRESS REACH CT.  
Suite, Apt. #, Etc.  
# 403

City State Zip Code  
POMPANO BEACH, FL 33069

000182738540  
06/29/10--01024--002 \*\*550.00

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 #