

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 15 AM 8:41

DOCUMENT # P95000093858

1. Corporation Name

DAVIS PROPERTY VENTURES, INC.

REINSTATEMENT

05-07

900104436789

06/15/07 01062 004 **1058.75

CR2E081 (1/07)

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

1661 CRESCENT PLACE, NW

3. Mailing Office Address

1661 CRESCENT PLACE, NW

Suite, Apt. #, etc.

SUITE 301

Suite, Apt. #, etc.

SUITE 301

City & State

WASHINGTON, D.C.

City & State

WASHINGTON, D.C.

Zip

20009

Country

USA

Zip

20009

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/95

5. FEI Number

58-222-4518

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

PAUL KATLAN

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

5599 BABCOCK ST., NE.

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32907

☐ The 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 reinstatement fee be waived.

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 JUNE 14, 2007

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
PRES.	WILLIAM A. DAVIS, JR.	1661 CRESCENT PL NW SUITE 301	WASHINGTON, DC 20009

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 contained in Chapter 119, 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:

William A. Davis, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JUNE 14, 2007

Daytime Phone #

202-986-4664