AP.I 1997 PEIN	PLEASE READ PLICATION FOR A® STATEMENT	FLORID	TRUCTIONS BEFORE (A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State IVISION OF CORPORATIONS		COMPLETING THIS FORM D AND FILED			©	
DOCUMENT # P9600000816					-	SECRETARY OF STATE			
1. Corporation Name DAVIS INSURANCE GROUP, INC.						SECTAL DE LA LA TALLA MASSIS	C. FLORIDA		
4016 NOVA	lace of Business I ROAD NGE FL 32127	4016 NOVA I UNIT D-1	Mailing Address 4016 NOVA ROAD UNIT D-1 PORT ORANGE FL 32127						
	addresses are incorrect in any way, line the	•	nformation and enter		4. Data Incorns	rated or Qualified			
Sulte, Apt.		Suite, Apt. #,	Suite, Apt. #, etc.		To Do Busin	ess in Florida	12/26/1995		
City & State		City & State	City & State		5. FEI Number	59-3355711	Applied Not Ap		
Zip	Country	Zip	Count	ry	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee	required	
7. Names	and Street Addresses of Each Officer and	//or Director (Flo	rlda nonprofit corpor	ations must list at lea	ast 3 directors)				
Title(s) Name of Officers and/or Directors 2			3 (Do NOT ?	reet Address of Each fficer and/or Director /se Post Office Box N	l lumbers)	4	City / State / Zip	į	
D	DAVIS, CHARLES W JR.		1242 Ho	urbour Pa	or 1 De	SO. DAYTONA FL	,		
			IN THE TIL	arecor to	SIN 1 PIC	40110	range, fj 3212	7	
					10	100023: -11/05/9 ****550.	7 <u>01</u> 096010		
	8. Name and Address of Current	Registered Age	ont .		9. Name and A	SCC 10.			
DAVIS, CHARLES W JR.						(897)			
UNIT D.1					et Address (P.O. Box Number Is Not Acceptable)				
PORT ORANGE FL 32127				Suite, No. 11, 210.					
10. I, being	appointed the registered agent of the ab	ove pamed corn	retion am familiar v	<u> </u>	bligations of Section	n 607 0505 E.S	State Zip Code		
Signature o Registered	Agent Caar W	to	ENTENUST 9 GN	The decept the de		Date/0/	27/97		
	is corporation owes or h angible Personal Proper			ar Yes 🔽	No 🗆		ther side for information on intangible tax.)		
this rein owed by		colution has been names of individual signature shall have the column of	eliminated, the corp uals listed on this fo ve the same legal ef	orate name satisfies m do not qualify for feet as if made under	the requirements on exemption und	of section 607.0401 or	617.0401, F.S., that all f	ees	
	SIGNATURE AND TYPED OF PI	RINTED NAME OF	SIGNING OFFICER OF	DIRECTOR		Date	Daytime Phone #		



October 27, 1997

Davis Insurance Group, Inc. Charles W. Davis Jr, President 4016 Nova Rd Unit D-1 Port Orange, Fl 32127

dba Bill Davis-Allstate

To: The Honorable, Sandra B. Maortham Secretary of State

Re: Lost mailing of July 18, 1997

Dear Madam Secretary,

I received your notice of dissolution of my corportion this past Friday, October 24, 1997. I immedately called your office at (850) 487-6059 and spoke with your very helpful support staff. I informed them that I had mailed on the 18 of July 1997, a check in the amount of \$550.00 and a updated application showing my new home address. Neither was apparently received by your office, and until today I thought that we were in good standing with the State of Florida.

I have attached a copy of my deposit slips from my corporate checking showing the date the check was written, and have confirmed from First Union Bank that the check is still outstanding. Your staff suggested that I write this letter of explanation and reissue another check for \$550.00, requesting that you please reinstate my corporation status without any further penalty. I would greatly appreciate your help in this matter.

Respectfully yours,

Charles W. Davis Jr