

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96 000024976

1. Corporation Name

DAVISON ENTERPRISES INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3441 N.W. 44th St.

Suite, Apt. #, etc.

207

City & State

FL. LAUDERDALE, FL

Zip

33309-4271

Country

USA

3. New Mailing Office Address, If Applicable

3441 N.W. 44th St.

Suite, Apt. #, etc.

207

City & State

FL. LAUDERDALE, FL

Zip

33309-4271

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1996

5. FEI Number

58-2254795

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P/S/T	DAVISON, KEITH	3441 N.W. 44th St. # 207	FL. LAUDERDALE, FL
D	DAVISON, CRISTINA	3441 N.W. 44th St. # 207	FL. LAUDERDALE, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

CRISTINA DAVISON

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

3441 N.W. 44th Street

Suite, Apt. #, Etc.

207

City

FL. LAUDERDALE

State

FL

Zip Code

33309

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.06(5), F.S.

Signature of
Registered Agent

CRISTINA DAVISON

REGISTERED AGENT MUST SIGN

Date X 5/5/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 607.04(1) or 617.04(1), 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 119.02(3)(g), F.S. The information declared on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

CRISTINA DAVISON

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRISTINA DAVISON

X 5/5/99

954-731-6430

DAVISON ENTERPRISES INC.

3441 NW 44TH ST SUITE 207
FT LAUDERDALE, FLORIDA, 33309

PHONE (954) 731-6430
FAX (954) 731-6828

May 05, 1999

2

To whom it may concern,

I am writing this letter to reinstate Davison Enterprises Inc. and to appeal that the late fees be waived. It has come to attention through our new accountant that the corporate annual return was never filed by our previous accountant. On April 27, I called to confirm the status on Davison Enterprises Inc. and I was told by Tyrone Scott that the 1997 status of the company was inactive. We discovered that the address was incorrect and that if any information was sent from Tallahassee we would of never received it on this end. He sent out the necessary documents for reinstatement to the correct address which arrived on May 3, 1999.

We now understand that this must be filed yearly by May 1. Thank you for your time and understanding.

Sincerely,



Cristina Davison