

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -6 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000032785**

1. Corporation Name

**ELTON C. DAVIS, INC.**

Principal Place of Business

**2405B DOBBS RD.  
ST AUGUSTINE FL 32086  
US**

Mailing Address

**P.O BOX 3914  
ST AUGUSTINE FL 32085  
US**



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

2. New Principal Office Address, If Applicable  
**2091 Dobbs RD**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/11/1996**

5. FEI Number

**59-3388797**

Applied For

Not Applicable

City & State  
**St. Augustine FL**

City & State

Zip **32096** Country **St. Johns**

Zip Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>D</b>	<b>DAVIS, ELTON C</b>	<b>937 S PONCE DE LEON BLVD</b>	<b>ST AUGUSTINE FL 32084</b>

**200009381242**  
12/05/02--01087--002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DAVIS, ELTON C  
- 937 S PONCE DE LEON BLVD  
ST AUGUSTINE FL 32084**

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/20/02 (904) 6699466**

CH2E040 (8/02)

# Elton C. Davis, Inc.

*General & Sub Contracting  
Concrete, Carpentry & Masonry*

November 27, 2002

Department of State  
Divisions of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: Annual Report 2002

Dear Department of State:

Enclosed please find our Annual Report for processing. Please accept our apologies for the delay in filing.

The delay in filing our Annual Report was due to confusion between the termination of an angry office manager and physically moving our office during this period. Although we believe the UBR Report forms were sent to our P. O. Box, we have not found them and only realized we were cancelled while sorting through the piles of paperwork left by our previous manager.

Obviously our corporate status is imperative to doing business and I hope you may expedite our reinstatement.

If you review our previous reporting, you should find a history of timely reporting and would hope you will have leniency in refiling without any further penalties.

I am looking forward to your response.

Thank you for your consideration

Yours truly,



Elton C. Davis

Post Office Box 3914  
St. Augustine, FL 32085

904-824-2245  
Fax: 904-824-0408