

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000053204

**FILED**  
**Oct 27, 2014**  
**Secretary of State**

**Entity Name:** JEFF DAVENPORT NURSERY MANAGEMENT, INC.

**Current Principal Place of Business:**

19301 IMMOKALEE ROAD  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

19301 IMMOKALEE RD  
NAPLES, FL 34120

**New Mailing Address:**

**FEI Number:** 65-0764758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVENPORT, JEFFERY E  
19301 IMMOKALEE RD  
NAPLES, FL 34120 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: REBECCA DAVENPORT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DPVP  
**Name:** DAVENPORT, JEFFERY E  
**Address:** 19301 IMMOKALEE ROAD  
**City-St-Zip:** NAPLES, FL 34120

**Title:** S  
**Name:** DAVENPORT, REBECCA B  
**Address:** 19301 IMMOKALEE ROAD  
**City-St-Zip:** NAPLES, FL 34120

**Title:** T  
**Name:** DAVENPORT, JEFFREY E  
**Address:** 19301 IMMOKALEE ROAD  
**City-St-Zip:** NAPLES, FL 34120

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: REBECCA DAVENPORT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SEC

10/27/2014

\_\_\_\_\_  
Date