

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 PM 4:00

DOCUMENT # P98000000257

1. Corporation Name

Davisa, Inc.

2. Principal Office Address

1700 Latham Rd

3. Mailing Office Address

1700 Latham Rd.

Suite, Apt. #, etc.

Suite # 7

Suite, Apt. #, etc.

Suite # 7

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33409

Country

USA

Zip

33409

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/02/1998

5. FEI Number

65-0758680

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

Lisa Peters

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

1617 16th lane

Suite, Apt. #, Etc.

City

Lake Worth

400005338554--4

04/25/02 01006-008

****600.00 ****600.00

State
FL

Zip Code

33463

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

Date 3/27/02

REGISTERED AGENT MUST SIGN

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
PTD	Charles D. Peters	1617 16 th lane	Lake Worth, FL 33463
VSD	Elisabeth Peters	1617 16 th lane	Lake Worth, FL 33463

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 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:

Elisabeth Peters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

Date

561-967-2803

Daytime Phone #

CR2E081 (9/01)