

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000000257

1. Corporation Name

Davisa, Inc.

2. Principal Office Address

1700 Latham Rd.

Suite, Apt. #, etc.

Suite #7

City & State

W.P.B. Florida

Zip

33409

Country

USA

3. Mailing Office Address

(same) 1700 Latham Rd.

Suite, Apt. #, etc.

Suite #7

City & State

W.P.B. Florida

Zip

33409

Country

USA

FILED

04 JUN 16 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-54

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1998

5. FEI Number

650758680

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)

1264 Sandstone Ridge Court

Suite, Apt. #, Etc.

City

West Palm Beach

State
FL

Zip Code
33411

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

REGISTERED AGENT MUST SIGN

Date

6/11/04

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
Pres.	Charles D. Peters	1264 Sandstone Ridge Court	W.P.B., FL 33411
V. Pres.	Elisabeth B. Peters	1264 Sandstone Ridge Court	W.P.B., FL 33411

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/04

Date

561-662-0096

Daytime Phone #

CP2E081 (01/04)

TR

re: P98000000257

PJ 2/2 6-11-04

Please note that we did not receive
an annual reinstatement report form or
notice in 2003 and respectfully request
that any reinstatement penalty be waived.

Thank you very much,



Charles D. Peters / President

(I have enclosed \$300.00 + 8.75 for a certificate of status -
as per my discussion with an agent in the reinstatement Dept.)