

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 21 AM 9:37

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P98000077029**

1. Corporation Name
ALVIN B. DAVIS, P.A.

Principal Place of Business	Mailing Address
200 S BISCAYNE BLVD 41ST FLOOR MIAMI FL 33131-2398	200 S BISCAYNE BLVD 41ST FLOOR MIAMI FL 33131-2398

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



REINSTATEMENT 95

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	Applied For
09/04/1998	<input checked="" type="checkbox"/> Not Applicable
5. FEI Number	
65-0870698	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
D	DAVIS, ALVIN B	200 S BISCAYNE BLVD 41ST FLOOR	MIAMI FL 33131
			200003032222--4 11/02/99--01051--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ALVIN
DAVIS, ALVIN B
 200 S BISCAYNE BLVD
 41ST FLOOR
 MIAMI FL 33131-2398

9. Name and Address of New Registered Agent

Name	State	Zip Code
Street Address (P.O. Box Number is Not Acceptable)	FL	
Suite, Apt. #, Etc.		
City		

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.

Signature of Registered Agent: Alvin B. Davis REGISTERED AGENT MUST SIGN Date: 10-19-99

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: Alvin B. Davis 10-19-99 205 577 2885
 ALVIN B. DAVIS, PRESIDENT Date Daytime Phone #

CR25040 (8/99)