PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMI Katherine I Secretary of DIVISION OF CORP	Harris State			
DOCUMENT # P9900007412			SECRETARY OF STA	ILE TIGO	
1. Corporation Name			01 OCT 22 PH 7: 0	TUAS	
DAVIS COMMUNICATIONS & ACCESSORIES, INC.			''' 7: 0	3	
Principal Place of Business Mailing Address				31 916 14 8 1 1 88 1	
403 PARROT AVE. P.O. BOX 243 OKEECHOBEE FL 34974 OKEECHOBEE FL 34974					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		REINSTATEMENT OI			
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 01/26/1999		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		——————————————————————————————————————	pplied For	
City & State	City & State		Not Applicable		
Zip Country	Zip Cou	ntry	CERTIFICATE OF STATUS DESIRED K S8.75 Additional for a Certification	al Fee required ate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
		Street Address of Each Officer and/or Director			
P DAVIS, NANCY D 403 S. PARRO		OT AVE.	OKEECHOBEE FL 34974		
			900004671379- -11/07/01010770 ****750.00 ****75	001	
		90004671379 -1170770101077031 ******8.75 ******8.7			
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Ment 1)		
Name			M. I wh	10%	
DAVIS, NANCY D 403 PARROT AVE. OKEECHOBEE FL 34974 Suite, Apt. #, Etc. City			O. Box Number is Not Acceptable)		
			ő.		
			State 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.					
Signature of Registered Agent					
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.					

TOWARD THE BURNEY D. DAVIS 16-15-01 843-163-6/15

TURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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