

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR 11 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000053141

1. Corporation Name

DAVIS CUSTOM INTERIORS, INC.

2. Principal Office Address

6355 N. Federal Highway

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33487

Country

USA

3. Mailing Office Address

6355 N. Federal Highway

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33487

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/1999

5. FEI Number

650922732

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

HARRY J. D'ALESSANDRO

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

6355 N. Federal Highway

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

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

*Harry J. D'Alessandro*  
REGISTERED AGENT MUST SIGN

Date

4/7/05

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
P D	Harry J. D'Alessandro	6355 N. Federal Highway	Boca Raton, FL 33487

200051259902  
04/10/05 01000 010 \*\*1358.75

REINSTATEMENT 01-05

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/05

Daytime Phone #

(901) 654-4443

CR2E081 (01/04)