

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

04 NOV -9 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P99000111605**

**1. Corporation Name**

Hampton-Davis Management, Inc.  
15 Safety Harbor Club  
3420 Hampton Avenue

**2. Principal Office Address**  
15 Safety Harbor Club

**3. Mailing Office Address**  
3420 Hampton Avenue

Suite, Apt. #, etc.  
Gulf Shores Blvd.

Suite, Apt. #, etc.

City & State  
No. Captiva Island, FL

City & State  
Nashville, TN

Zip  
33924

Country  
USA

Zip  
37215-1408

Country  
USA

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

**5. FEI Number**  
62-1667650

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  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

**JAMES A. BORDONARO  
ASSISTANT SECRETARY**

Date 11/4/04

**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
P/D	Delta Anne Davis	3420 Hampton Avenue	Nashville, TN 37215-1408
S/T/D	Karl F. Dean	3420 Hampton Avenue	Nashville, TN 37215-1408

3/17/04 90034 037-150.00  
300042608703  
11/09/04--01081--002 \*\*600.00

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/04  
Date

Daytime Phone #

CR2E081 (01/04)