

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 822810**

1. Incorporating Name  
**A.M. DAVIS MERCANTILE CO.**

Principal Place of Business 640 SOUTH 10TH STREET P.O. BOX 82226 LINCOLN NE 68501-8226	Mailing Address 640 SOUTH 10TH STREET P.O. BOX 82226 LINCOLN NE 68501-8226
---	---

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

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

**FILED**

97 NOV -5 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** *97*

4. Date Incorporated or Qualified To Do Business in Florida	05/16/1969
5. FEI Number	47-0408723
Applied For	Not Applicable
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MCARTHUR/ROCKER, BONNIE S.	640 SOUTH 10TH STREET	LINCOLN NE
VD	WILLIAMS, THOMAS	640 SOUTH 10TH STREET	LINCOLN NE
STD	BEYNON, ESTHER L	640 SOUTH 10TH STREET	LINCOLN NE
P	BEYNON, DAVID J	640 S 10TH ST	LINCOLN NE
VP	DARNELL, WILLIAM R	640 S 10THJ ST	LINCOLN NE

8. Name and Address of Current Registered Agent

BERENS, PHYLLIS  
200 WEST CAMINO REAL  
BOCA RATON FL 33432

9. Name and Address of Now Registered Agent

Name	640 SOUTH 10TH STREET
Street Address (P.O. Box Number is Not Acceptable)	640 SOUTH 10TH STREET
Suite, Apt. #, Etc.	***750.00 ***750.00
City	State FL 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.

A. M. Davis Mercantile Co.

Signature of Registered Agent *Phyllis Berens*  
REGISTERED AGENT MUST SIGN

Date *11/3/97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on Intangible tax.)

12. 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: By: *William Darnell* Vice President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10/29/97* Daytime Phone # *407.476.2100*

CP-2040 (8/97)