

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 OCT 20 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N98000000252

1. Corporation Name

DP PLUS, INC.

2. Principal Office Address

9378 ARLINGTON EXPY

Suite, Apt. #, etc.

49

City & State

JACKSONVILLE, FL

Zip

32225

Country

DUVAL

3. Mailing Office Address

P.O. BOX 9148

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32208

Country

DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida

OCTOBER 29, 1998

5. FEI Number

59-3538270

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** *99-00*

7. Name and Address of Current Registered Agent

Name

SMITH-CLARK, DIANE L.

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

1213 TURTLE CREEK DR N

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32218

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~~-11/07/00--01103--003~~  
\*\*\*\*306.25 \*\*\*\*306.25

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

*Diane Smith Clark*  
REGISTERED AGENT MUST SIGN

Date 10/18/00

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
DP	SMITH-CLARK, DIANE L.	1213 TURTLE CREEK DR. N	JACKSONVILLE, FL 32218
DST	GRIFFIN, WYMONA	2263 W. 18TH STREET	JACKSONVILLE, FL 32209
D	CLARK, RICHARD K.	1213 TURTLE CREEK DR. N	JACKSONVILLE, FL 32218

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:

*Diane Smith Clark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SMITH-CLARK, DIANE L.

Date

10/18/00

904/910-7268

Daytime Phone #

**KE**

CR2E081 (9/99)