PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETALIAN LE FLORIDA
DOCUMENT # PODO 0 1. Corporation Name DH-IPOT & ASSOC		
2. Principal Office Address 605 ACE ST. Suite, Apt. #, etc.	3. Mailing Office Address Suite, Apt. #, etc.	REINSTATEMENT 02-0
Suite, Apr. #, etc.	Suite, Apr. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 6/26/2 0 a o
City & State PLINT C. Ty Fl.	City & State Plant C. the Fl.	5. FEI Number Applied For Not Applicable
33563 Country	Zip Country 33563 Le SA	6. CERTIFICATE OF STATUS DESIRED 53.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name WENRY A. PHILAT THE		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City C. Vy State Zip Code 32563		
Signature of Registered Agent	REGISTERED AGENT MUST SIGN	bbligations of section 607.0505 or 617.0503, F.S. Date
9. Names and Street Addresses of Each Officer a	and/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directo	Street Address of Eac ors Officer and/or Directo	
PLD HENRY F. PAIL	POTILE 605 NICE 8	PINT C. Yg, GI
SIV DEANNA G. FA	illot 605 Alice St.	PLANT C. Ky . FX 33563
		600054867116 05/19/0501079007 **608.75
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

5/1692

Philpot & Associates, Inc. D/B/A Retail Support Services 605 Alice St., Plant City, Fl. 33563

> Phone/Fax (813) 707 -1152 Mobile (813) 546 - 7019

Friday, May 06, 2005

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Dept: of State:

I have a small company and was recently notified by my insurance company that we are currently listed as inactive with the state. I don't believe I received the request for an annual report. (Please note also that our postal zip code is different than that which you have on record. This is NOT due to a physical change of address, but rather because the U.S. Postal Service reorganized the zip codes. Our correct zip code is "33563"). I respectfully request that the reinstatement fee be waived.

I have included \$61.25 annual report fee for the years 2002 – 2005 and \$88.75 for the same years. I have also included \$8.75 for a certificate of status and have included a pre-stamped and pre-addressed envelope. I hopeful this will return my status to active.

Thank you for your assistance.

THA NOLY

Sincerely,

Henry P. Philpot

President