

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000021171

1. Corporation Name  
 DPI ACQUISITIONS, INC.

Principal Place of Business  
 2571 Citrus Lk Dr.  
 B-204  
 Naples FL 34109

Mailing Address  
 2571 Citrus Lk Dr.  
 B-204  
 Naples FL 34109

**REINSTATEMENT 98-99**

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

2. Old Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida  
 3-4-97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
 65-0734478  
 Applied For  
 Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Country

Country

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title	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
PRES	Penny King	2571 Citrus Lake Dr. B-204	Naples FL 34109
			600002993286--4 -09/22/99--01026--006 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

Wendy H. Girardin  
 4820 Bayshore Dr # F  
 Naples FL 34112

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City  
 State FL Zip Code

10. I am appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

SIGNATURE OF REGISTERED AGENT  
 Wendy H. Girardin  
 REGISTERED AGENT MUST SIGN

Date 8-25-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(See other side for information on intangible tax)

12. I, the undersigned, 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 form 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  
 PENNY KING

Date 8/26/99 (941) 5144462  
 Daytime Phone #

CORPORATE (12/98)