

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 12 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

441423

**1. Corporation Name**

DMP Associates, Inc.

**2. Principal Office Address**

9220 Bonita Beach Road  
Suite, Apt. #, etc.  
Suite 200

**3. Mailing Office Address**

9220 Bonita Beach Road  
Suite, Apt. #, etc.  
Suite 200

**City & State**

Bonita Springs, FL

**City & State**

Bonita Springs, FL

**Zip**

34135

**Country**

Lee

**Zip**

34135

**Country**

Lee

REINSTATEMENT 03-05

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

12.7.73

**5. FEI Number**

59-1496457

**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**

D.M. Phillips

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

9220 Bonita Beach Road

**Suite, Apt. #, Etc.**

Suite 200

**City**

Bonita Springs

**State**

FL

**Zip Code**

34135

110060547861

10/12/05--01049--003

\*\*451.00

**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**

*[Signature]*

Date 10.11.05

REGISTERED AGENT MUST SIGN

**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.M. Phillips	9220 Bonita Beach Road #200	Bonita Springs, FL 34135
T	D.M. Phillips	9220 Bonita Beach Road #200	Bonita Springs, FL 34135
VP	B.K. Phillips	9220 Bonita Beach Road #200	Bonita Springs, FL 34135
S	B.K. Phillips	9220 Bonita Beach Road #200	Bonita Springs, FL 34135
			<i>[Signature]</i>

**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)(f), 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

Date 10.11.05 239.947.2424

Date

Daytime Phone #

CR2E081 (01/05)

DMP Associates, Inc.  
9220 Bonita Beach Road - Suite 200  
Bonita Springs, Florida 34135

October 11, 2005

Florida State Department  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: DMP Associates, Inc./ Document # 441423

Dear Staff Member:

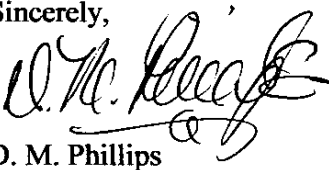
Please be advised that DMP Associates, Inc has not received notices of the Uniform Business Report renewals since 2002. The corporate office has relocated to the following addresses since 2002, with forwarding instructions left with USPS:

1400 Gulfshore Boulevard, North #216, Naples, Florida 34102  
501 Goodlette Road #D11, Naples, Florida 34102  
9220 Bonita Beach Road #200, Bonita Springs, Florida 34135

Based on the information on line, as well as that which is included with the Uniform Business Report (see enclosures), non-receipt of notice is an acceptable reason for waiving the late and reinstatement fees. Accordingly, I am requesting that these fees be waived and only the annual fees be charged for the years 2003, 2004, and 2005.

Thank you in advance for assisting in this matter.

Sincerely,

  
D. M. Phillips