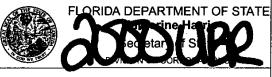
APPLICATION FOR



ML

DOCUMENT#

568168

1. Corporation Name

D5, INC.

Principal Place of Business

Mailing Address

2172 CLAY CIR GULF BREEZE FL 32561 US 2172 CLAY CIR GULF BREEZE FL 32561

agh incorrect information and enter correction below.

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA



		moon oot me any may, mile t					_				
2. New Principal Office Address, If Applicable 3. New Maili 2. 178 Suite, Apt. #, etc. Suite, Apt. #, etc.					er B	pplicable	Date Incorporated or Qualified To Do Business in Florida 04/10/1978				
City & State City & State			Breeze FL			5. FEI Number	·			Applied For	
						1	59-1822751		1-1-		
						6				Not Applicable	
Zip Country Zip 3			^{zip} 325	561 Santa Rosa			CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Officer ar			ofit corporat	tions must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
PD .	MEREDITH, DERWOOD			2178 RIVER BIRCH			GULF BREEZE FL				
D	MEREDITH, DORIS ANN			2178 RIVER BIRCH			GUIF BREEZE FL 2000035147329				
-							<u> </u>	-12/27/00-	- <u>-</u> ijj	$\widetilde{074}$	021
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Name and Address of Current Registered Agent					nt g			Name and Address of New Registered Agent			
	<u></u>					Name					
MEREDITH, DERWOOD						Shoot Address /D.O. Day Number in Not Assessable)					
2178 RIVER BIRCH					Street Address (P.O. Box Number is Not Acceptable)						
GULF BREEZE FL 32561						Suite, Apt. #, Etc.					
						City		Sta F		ip Cod	e
		e registered agent of the a	bove named corpo	ration am	familiar wit	h and accept the of	bligations of Secti	on 607.0505, F.S.			
Registered	f Agent <u>火</u> グ	Cerus X	11 Jeress	M	<u> </u>		····	Date			
			REGISTERED AG	ENI MUS	1 SIGN						
this rein owed by	statement app y the corporat	olication, the reason for dis	ssolution has been le names of individ	eliminated uals listed	I, the corpor on this form	rate name satisfies n do not qualify for	the requirements an exemption und	pter 607 or 617, F.S. I furth of section 607.0401 or 617 der section 119.07(3)(i), F.S	.0401	, F.S., t	hat all fees

SIGNATURE

Daytime Phone #

KE

0111454

SP

568168

Derwood Meredith 2178 River Birch Gulf Breeze, FL 32561

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL-32314-6327

Re: D-5 Inc.

Document #568168

Dear Sir/Madam:

The mailing address for D-5 Inc. was changed by the County of Santa Rosa from 2172 Clay Circle to 2178 River Birch. This ultimately caused a problem in the forwarding of mail by the U.S. Postal Service. I have no record of having received the original notification or subsequent notices until this application for reinstatement was forwarded to me in late November by a third party.

I respectfully request that you waive the \$600.00 reinstatement fee. Please make note of the address change for future correspondence. Enclosed please accept a check for \$150.00 for the year 2000 corporate filing fee, and an additional check of \$150.00 to prepay the year 2001 corporate filing fee forwarded by my accountant.

Thank you for your consideration.

Sincerely,

Derwood Meredith