

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 22 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G24216

1. Corporation Name

DDH Investment Corporation

2. Principal Office Address - No P.O. Box #
2431 Aloma Ave

3. Mailing Office Address
2431 Aloma Ave

Suite, Apt. #, etc.
Ste. 323

Suite, Apt. #, etc.
Ste. 323

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32792

Country
USA

Zip
32792

Country
USA

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
2/16/83

5. FEI Number
592387452

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
Dale D. Helling

Street Address (P.O. Box Number is Not Acceptable)
2431 Aloma Avenue

Suite, Apt. #, Etc.
Ste. 323

City
Winter Park

State
FL

Zip Code
32792

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Dale D. Helling
REGISTERED AGENT MUST SIGN

Date
8/17/07

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	Dale D. Helling	2431 Aloma Ave. Ste. 323	Winter Park, FL 32792

REINSTATEMENT 01-07

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08/31/07--01008--032 **1058.75

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 contained in Chapter 119, 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:

Dale D. Helling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/07
Date

407-678-1866
Daytime Phone #