


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

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<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT #** G35974  
**1. Corporation Name**

Derridinger Enterprises Incorporated

**2. Principal Office Address**

6010 Bonacker Dr.

Suite, Apt. #, etc.

**City & State**

Tampa, FL

**Zip**

33610

**Country**

U.S.A.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**REINSTATEMENT** 05 06

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

04/21/1983

**5. FEI Number**

592298891

**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**

Richard K. Derridinger

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

6010 Bonacker Dr.

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

**City**

Tampa

**State**

FL

**Zip Code**

33610

**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**

*Richard K. Derridinger Jr.*  
Date 2-21-06

**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
PD	Richard K. Derridinger	6010 Bonacker Dr.	Tampa, FL 33610
VD	Benington Derridinger	6010 Bonacker Dr.	Tampa, FL 33610
STD	Richard K. Derridinger Jr.	6010 Bonacker Dr.	Tampa, FL 33610

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11/02/06--01037--012 \*\*\*300.00

**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:**

*Richard K. Derridinger Jr.*

Richard K. Derridinger Jr. 10/16/06 813-664-1298

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

B. Mitchell NOV 2 2008

THE  
**SUWANE**  
Grille Company **E**

20f2  
Oct. 16, 2006

To Whom It May Concern,

We request that the reinstatement fee be waived, as we did not receive the annual report notice for 2005 & 2006. Thank you for your consideration in this matter. If you have any questions please feel free to call us at 813-664-1298.

Richard K. Derridinger Jr.

