
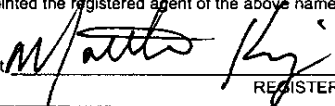
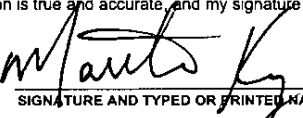


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 DEC -6 PM 1:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000084660960 01/17/07--01008--014 **1350.00 REINSTATEMENT 02-06	
DOCUMENT # J45298					
1. Corporation Name M.K.D.D., INC.					
2. Principal Office Address 14100 U.S. Highway 19 North		3. Mailing Office Address 14100 U.S. Highway 19 North			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clearwater, FL		City & State Clearwater, FL			
Zip 33764	Country U.S.	Zip 33764	Country U.S.	4. Date Incorporated or Qualified To Do Business in Florida 12/04/1986	
5. FEI Number 59-2737721				Applied for Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name King, Matthew B.					
Street Address (P.O. Box Number is Not Acceptable) 1050 Starkey Road					
Suite, Apt. #, Etc. #103					
City Clearwater				State FL	Zip Code 33756
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 				Date 12/5/06	
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	
P/S/I/D	Matthew B. King	1050 Starkey Road, #103		Clearwater, FL 33756	
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: 		Matthew B. King		12/5/06	727-536-5108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #