

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
J. Smith  
Secretary of State  
DIVISION OF CORPORATION

FILED

03 JUN -5 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021357

Name and Mailing Address

0011555 01 SP 0.370 \*\*SGLP

0615 33331

DDPL, L.L.C.  
16826 ERIE PLACE  
DAVIE FL 33331



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/11/2001	
<b>Principal Place of Business</b> 16826 ERIE PLACE DAVIE FL 33331		<b>6. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> WATSON TRICK, WILLIAM JR ESQ. 1216 E. ATLANTIC BLVD., STE. 7 POMPANO BEACH FL 33060		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b> Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PIERRE-LOUIS, JEAN BERNARD	16826 ERIE PLACE	DAVIE FL 33331
MGRM	PIERRE-LOUIS, EGELENE	16826 ERIE PLACE	DAVIE FL 33331
900020534539 06/05/03--01012--001 **200.00			
REINSTATEMENT 02.03 dee			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Date 5-30-03 Daytime Phone # 974-434-5032

Typed or printed name of signing Managing Member/Manager