
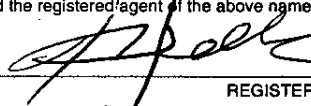
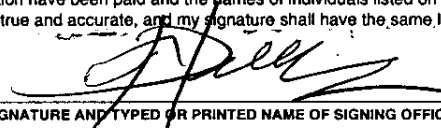


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		04 OCT 29 PM 4:23	
<b>DOCUMENT # N03000003851</b>							
<b>1. Corporation Name</b> D,D, GREAT FAMILY ENTERPRISES, INC.  1300 N PINE HILLS ROAD SAME							
<b>2. Principal Office Address</b> 1300 N PINE HILLS ROAD				<b>3. Mailing Office Address</b> 1300 N PINE ROAD			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
<b>City &amp; State</b> ORLANDO, FLORIDA				<b>City &amp; State</b> ORLANDO, FLORIDA			
<b>Zip</b> 32805		<b>Country</b> USA		<b>Zip</b> 32805		<b>Country</b> USA	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 05/05/2003						<b>5. FEI Number</b> 500004852	
						<b>Applied For</b> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>						<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>							
Name FERNAND DESIR							
Street Address (P.O. Box Number is Not Acceptable) 4065 QUNAM DR							
Suite, Apt. #, Etc.							
City ORLANDO,						State FL	
						Zip Code 32839	
<b>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.</b>							
Signature of Registered Agent 						Date 10/25/2004	
REGISTERED AGENT MUST SIGN							
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>							
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>		<b>City / State / Zip</b>			
P	REV, ESTANGEL DESIR	1817 NW 15 STREET		FORT LAUDERDALE, FL 33167			
S	REV. GERARD CHARLES	1817 NW 15 STREET		FORT LAUDERDALE, FL 33167			
D	FERNAND DESIR	4065 QUNAM DR		ORLANDO, FL 32839			
<b>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 under section 119.07(3)(i), 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.</b>							
<b>SIGNATURE:</b> 						10/25/2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date	
						407-468-3741	
						Daytime Phone #	

CR2E081 (01/04)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TO: Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FROM: Estangel Desir  
1817 NW 15 Street  
Fort Lauderdale, FL 33167

DATE: October 26, 2004

RE: Annual Report: DD Great Family Enterprises  
NO3000003851

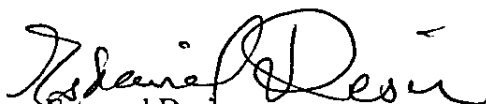
Dear Sir/Madam:

In August, we sent the Annual Report with the proper fee, your office, on September 15, 2004, returned the form requesting the insertion of the FEI Number. We never received that form back.

Find enclosed a Reinstatement Form. We request that the reinstatement fee be waived because of no fault of ours, the Post Office never delivered your returned mail to us

We also paid for a Certificate of Status, please send the certificate to the address above and an email a copy to: [danielz401@netzero.net](mailto:danielz401@netzero.net). Thank you.

Sincerely

  
Estangel Desir  
PresidentA