PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

04 JUN -7 PM 2:33

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # N97000002574

1. Corporation Name

MEMP Davis & Associates CDC, Inc.

000037434400

2. Principal Office Address 13533 Princedale Drive		3. Mailing Office Ad 13533 Princeda		06/01/0401006002 ***70.00 09/08/03 90310 020 70700
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
N/A		N/A		Date Incorporated or Qualified To Do Business in Florida May 5, 1997
City & State		City & State		
Dale City, Virginia		Dale City, Virg	inia	5. FEI Number - Applied For -
				43-2031365 Not Applicable
Zip 22193-3840	Country US	Zip 22193	Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent					
Name Pat Davis					
Street Address (P.O. Box Number is Not Acceptable) 3550 NW 95 Terrace					
Suite, Apt. #, Etc. N/A					
City Sunrise	State Zip Code FL 33351				

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		DateApril 10, 2004				
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/D	Pat Davis	13533 Princedale Drive	Dale City, Virginia 22193-3840			
S/T _	_Wanda Harris	13533 Princedale Drive	.Dale.City, Virginia.22193-3840			
D	Christopher Harris	13533 Princedale Drive	Dale City, Virginia 22193-3840			
D	Gail Johnson	1004 8th Street	Laurel, Maryland 20707			
•						

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 filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/04 763-583-9066 Date/ Date/ Daylime Phone # CHZEU81 (01/04)

April 10, 2004

Florida Department Of State Division of corporations 409 East Gaines Street Tallahassee, Fl 32399

To Whom It May Concern:

Subject: Reinstatement of Non Profit/Certificate Of Status

I am requesting reinstatement of the Non Profit Organization MEMP Davis & Associates CDC. Inc.

I did not receive the rejection letter or any documents in September 2003

I am also requesting a waiver of the fees.

I would also like to request a Certificate of Status, which indicates current date, and Non Profit written on the Certificate.

I have enclosed a money order for the reinstatement fee \$61.25 and \$8.75 for the Certificate of Status.

The total amount enclosed is seventy dollars.

Thank you,

I at Jaus

Pat Davis

President

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

DATE OF THIS NOTICE: 10-24-2003
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 43-2031365
FORM: SS-4 NOBOD 000000706

FOR ASSISTANCE CALL US AT: 1-800-829-0115

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

MEMP DAVIS & ASSOCIATES CDC INC % PATRICIA A DAVIS 13533 PRINCEDALE DR DALE CITY VA 22193

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 43-2031365. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .
