

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000002773

1. Corporation Name

D.D.N., Inc.

2. Principal Office Address
411 South Babcock Street

Suite, Apt. #, etc.

City & State
Melbourne, FL

Zip
32901

Country
USA

3. Mailing Office Address
411 South Babcock Street

Suite, Apt. #, etc.

City & State
Melbourne, FL

Zip
32901

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 1/10/2000

5. FEI Number
59-366671P

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name
Edward J. Kinberg
Street Address (P.O. Box Number is Not Acceptable)
2101 S. Waverly Place
Suite, Apt. #, Etc.
City
Melbourne

State
FL
Zip Code
32901

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

REGISTERED AGENT MUST SIGN

Date 5/18/04

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
D/P/S/N	Deborah Nagrodsky	411 South Babcock Street	Melbourne, FL 32901

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.

SIGNATURE:

Deborah A. Nagrodsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/04

Date

321-727-9096

Daytime Phone #

CR2E081 (01/04)

KINBERG & ASSOCIATES, LLC

Attorneys At Law

May 18, 2004

Edward J. Kinberg

Fellow, National Contract Management Association
Also admitted in Missouri

Doris E. Ahern, CLA
Paralegal

Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement of corporate status
D.D.N., Inc.

Dear Sir/Madam:

This letter accompanies a completed and executed form of Corporation Reinstatement for the above referenced corporation which was administratively dissolved on September 21, 2001 for failure to file an annual report.


Please be advised that due to a change of address, as reflected on the enclosed corporate reinstatement form, D.D.N., Inc. never received a form of annual report. This letter will serve as our request that the reinstatement penalty be waived.

Also enclosed is check number of D.D.N., Inc. payable to Department of State in the amount of \$608.75; please forward a Certificate of Status.

Thank you for your assistance.

Very truly yours,

KINBERG & ASSOCIATES, LLC


Doris E. Ahern, CLA
Paralegal

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