2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000018727

1. Entity Name
DDR ENTERPRISES OF VOLUSIA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -9 AM 8:00

REINSTATEMENT 04

Principal Place of Business	Mailing Address
~~204 CESSNA BLVD~~ ~~DAYTONA BEACH, FL 32124~~	~~204 CESSNA BLVD~~ ~~DAYTONA BEACH, FL 32124~~

11302004 REIN-P CR2E098 (6/04) MRS

2. Principal Place of Business	3. Mailing Address
2005 Country Club Dr	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange, FL	City & State
Zip: 32128 Country: USA	Zip Country

4. FEI Number: 59-3748572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELROSE, DONALD R 2005 COUNTRY CLUB LANE DAYTONA BEACH, FL 32124	Name Street Address (P.O. Box Number is Not Acceptable): 2005 Country Club Drive City: Port Orange FL Zip Code: 32128

8. The above-named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Donald R DelRose
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTD DELROSE, DONALD R 2005 COUNTRY CLUB LANE DAYTONA BEACH, FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DELROSE, DOROTHY C 2005 COUNTRY CLUB LANE DAYTONA BEACH, FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald R DelRose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #