PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS 01 DEC 10 AM 10: 02 P00000038731 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE FLORIDA D & D INVESTORS INC. Principal Place of Business Mailing Address 4873 EDGEWATER LN. 4873 EDGEWATER LN. OLDSMAR FL 34677 OLDSMAR FL 34677 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 04/18/2009 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) 4873 EDCONAGELN Pres 0105MAR F1 34677 DIV 600004743196---12/28/01--01081--003 \*\*\*\*150.00 \*\*\*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent SIMON, RONALD S Street Address (P.O. Box Number is Not Acceptable) 1342 COLONIAL BLVD., #22 Suite, Apt. #, Etc. FT. MYERS FL 33907 City State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. 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

Lofz

## Memorandum

**To:** Div of Corporations

From: Scott David, D & D Investors

Date: November 1, 2001

Re: reinstatement

## Hello:

I am writing in a desperate plea to you. At the end of 2000 I hired a bookkeeper to open mail and do office work ect. In about February I started receiving phone calls from different businesses wanting to know why I had not responded to them. In checking I found that the young lady II thought was doing her job was not. Needless to say I can't tell you how much money, time and paper work I have had to make up. Your original notice of payment I never received. Do to the circumstances I have explained and after talking to your office I am sending this letter to you and a check for \$150.00. Thank you in advance for your understanding.

Scott David, President