

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

1902
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 01 OCT 25 PM 1:23

DOCUMENT # **P00000052133**

1. Corporation Name
D M D CONSULTANTS INC

Principal Place of Business Mailing Address

9725 SW 2ND STREET 9725 SW 2ND STREET
 BOCA RATON, FL 33428 BOCA RATON, FL 33428



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
11020 81st Ct N
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. **Same**
 City & State
Palm Beach Gardens, FL
 Zip **33412** Country **US**

4. Date Incorporated or Qualified To Do Business in Florida
05/26/2000

5. FEI Number
65-1011844

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DURRUA, DAVID M	9725 SW 2ND STREET 11020 81st Ct N	BOCA RATON FL 33428 Palm Beach Gardens, FL 33412
			000004679690--0 -11/14/01--01096--017 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

DURRUA, DAVID M
 9725 SW 2ND STREET
 BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name **David M Durrua**
 Street Address (P.O. Box Number is Not Acceptable)
11020 81st Ct North
 Suite, Apt. #, Etc. **1**
 City **Palm Beach Gardens** State **FL** Zip Code **33412**

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 Date **10-22-01**

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 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: **DAVID M. DURRUA** Date **10-22-01** Daytime Phone # **561-624-3333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (6/01)

292

DMD Consultants, Inc

11020 81 st Court North
Palm Beach Gardens, Florida
33412

phone: 561-624-3333

fax: 561-799-0032

djbadj@aol.com

October 22, 2001

Office of Reinstatement
Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Dear Ms. Harris,

We are a small family business and this was our first year of incorporation with Florida. We have moved our home/office and thought our pertinent mail would be forwarded. We did notify our accountant with our address change and thought our annual report form would go to them. We just received our notice of revocation/dissolution and were caught unaware. Please consider forgiving our reinstatement fee as this is a burdensome amount for us. We would have easily filled out and returned the form and payment in a timely manner if we had received it.

Please advise we are hopeful you will show us grace this year.

Sincerely,

David M. Durrva
David M. Durrva