

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -6 PM 3:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000070282

1. Corporation Name

DEVCO TYDE, INC.

2. Principal Office Address

812 BUTTONWOOD RD

3. Mailing Office Address

P.O. BOX 62126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N PALM BEACH, FL

City & State

FORT MYERS, FL

Zip

33408

Country

USA

Zip

33906

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/2000

5. FEI Number

65-1027344

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

800026150628

01/06/04--01039--030 **450.00

7. Name and Address of Current Registered Agent

Name

RICHARD MARCHEWKA

Street Address (P.O. Box Number is Not Acceptable)

2075 W FIRST STREET

Suite, Apt. #, Etc.

SUITE 203

City

FORT MYERS

State
FL

Zip Code
33901

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

Richard M. Marchewka
REGISTERED AGENT MUST SIGN

Date 12/1/03

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	GALLAGHER, JAMES G	812 BUTTONWOOD RD	N PALM BEACH, FL 33408
S	SMILEY, JOHN N	368 NEW YORK DRIVE	FORT MYERS, FL 33905

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)(f), 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:

James G. Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES G. GALLAGHER

12/1/03

239/690-1456

Date

Daytime Phone #

CR2E081 (10/02)

DEVCO TYDE, INC.

December 8, 2003

Department of State

Divisions of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern:


Recently I learned that our Corporation, Devco Tyde, Inc., had been dissolved by the State of Florida for failure to submit our Annual Corporation Report and pay our Fee.

Unfortunately, I was not aware that this was not handled. We, as we have done in the past, submitted this Annual Report and Payment on line. For some reason, it apparently did not go through properly. I have researched my credit card receipts and can find no charges from the State where this transaction had been posted.

I have enclosed a check for our original \$450.00 for our Annual Report and Reinstatement. Please review my situation and see if the penalties can be waived. If not, please let me know and I will forward the balance immediately. We need to keep our Corporation active with the State.

Thank you in advance for you kind consideration and understanding.

Respectfully,


James G. Gallagher
President