

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000076396*

1. Corporation Name

DDD Cordele, Inc.

2. Principal Office Address

3808 Magnolia Pt. Ln
Suite, Apt. #, etc.

3. Mailing Office Address

3808 Magnolia Pt. Ln
Suite, Apt. #, etc.

City & State

St. Augustine, Fl.

Zip

32086

Country

USA

City & State

St. Augustine, Fl.

Zip

32086

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

20-1685051

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

10-15-04 01075 001 \$150.00

03-04

7. Name and Address of Current Registered Agent

Name

Teresa Griffin

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

3808 Magnolia Pt. Ln

Suite, Apt. #, Etc.

5

City

St. Augustine

State

FL

Zip Code

32086

REINSTATEMENT

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

Teresa Griffin

REGISTERED AGENT MUST SIGN

Date

9/27/04

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
<i>Pres.</i>	<i>Teresa D. Griffin</i>	<i>3808 Magnolia Pt. Ln</i>	<i>St. Augustine, Fl. 32086</i>
<i>Sec.</i>	<i>Teresa P. Griffin</i>	<i>3808 Magnolia Pt. Ln</i>	<i>St. Augustine, Fl. 32086</i>

500041616475
*10/05/04--01096--001 **750.00*

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 corporation 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:

Teresa D. Griffin TERESA D. GRIFFIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/04
Date

904-797-5572
Daytime Phone #

CR2E081 (01/04)