

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -6 AM 10: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000087993**

1. Corporation Name
D.D.C.S., INC.

2. Principal Office Address
11208 HUTCHISON BLVD.

Suite, Apt. #, etc.
#104

City & State
PANAMA CITY BEACH, FL

Zip
32407

Country
USA

3. Mailing Office Address
11208 HUTCHISON BLVD.

Suite, Apt. #, etc.
#104

City & State
PANAMA CITY BEACH, FL

Zip
32407

Country
USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida **09/18/2000**

5. FEI Number
59-367989

Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
RICHARD CALCUTTA

Street Address (P.O. Box Number is Not Acceptable)
11208 HUTCHISON BLVD.

Suite, Apt. #, Etc.
#104

City
PANAMA CITY BEACH

State
FL

Zip Code
32407

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 Calcutta
REGISTERED AGENT MUST SIGN

Date **3 MAY 2005**

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
P, T	RICHARD CALCUTTA	11208 HUTCHISON BLVD. #104	PANAMA CITY BEACH, FL
V, S	ROBERT CALCUTTA	1502 ORCHARD LAKE DRIVE	CHARLOTTE, NC 28270

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)(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:

Richard Calcutta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05
Date

(904) 687-0832
Daytime Phone #

CR2E081 (01/05)