

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 25 AM 8:00

DOCUMENT # P02000000429

1. Corporation Name
DEVELOPMENTAL PLAYERS TOUR, INC.

7005 LONGLEAF CREEK DRIVE

REINSTATEMENT 03-04
MRS

2. Principal Office Address 7005 LONGLEAF-CREEK DRIVE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PENSACOLA FL		City & State	
Zip 32526	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 01/02/2002	
5. FEI Number 01-0548137	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Lynchard Law Firm, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 8285 Navarre Parkway			
Suite, Apt. #, Etc.			
City Navarre	State FL	Zip Code 32566	

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10/25/04 01090 019 **908 75

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 _____ Date 10/21/04

REGISTERED AGENT MUST SIGN

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	SLOCUM, JACK	7005 LONGLEAF CREEK DRIVE	PENSACOLA FL 32526
D	SLOCUM, KAY	7005 LONGLEAF CREEK DRIVE	PENSACOLA FL 32526

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: Jack Slocum JACK SLOCUM Date: Oct. 22, 2004 Daytime Phone #: 850-944 8944

CR2E081 (01/04)