

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** ☒

\$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

700042168527

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/21/04

**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
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:

*[Signature]* JACK SLOCUM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 22, 2004

Date

850-944 8944

Daytime Phone #

CR2E081 (01/04)