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CLAIRE'S TAX SERVICE

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Dennis Davis


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P02000086369					
<b>1. Corporation Name</b> DOUBLE D OF ST. PETE BEACH, INC					
<b>2. Principal Office Address</b> 9524 BLIND PASS RD Suite, Apt. #, etc. 15 City & State ST. PETE BEACH, FL Zip 33706 USA			<b>3. Mailing Office Address</b> 5901 BARRA DEL MAR CIRCLE Suite, Apt. #, etc. 522 City & State ST. PETERSBURG, FL Zip 33715 USA		

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	08-09-02
<b>5. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b>	<input checked="" type="checkbox"/> \$2.15 Additional Fee required for Certificate of Status

<b>7. Name and Address of Current Registered Agent</b>	
Name HANSEN, CLAIRE A	
Street Address (P.O. Box Number is Not Acceptable) 9524 BLIND PASS RD.	
Suite, Apt. #, Etc. SUITE 13	
City ST. PETE BEACH	State FL
Zip Code 33706	

200030235692  
03/10/04-01052-021 \*\*\*308.75

<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.</b>			
Signature of Registered Agent <i>Claire Hansen</i>		Date 3/8/04	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	DAVIS, DENNIS F	5901 BARRA DEL MAR CIRCLE SUITE 522	ST. PETERSBURG, FLORIDA 33715
<b>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)(b), 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.</b>			
SIGNATURE: <i>Claire Hansen</i>		Date 3-8-04 727-867-2359	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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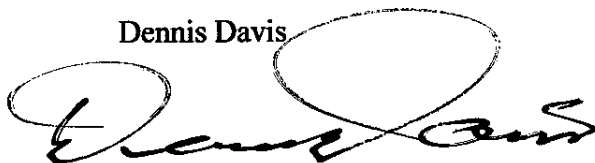
March 8, 2004

To Whom It May Concern:

My wife and I moved to St Petersburg in 2002. I filed for Double D of St Pete Beach, Inc. I have had a problem with my mail box for receiving mail, I have spoken with the post office and have corrected the problem, but I never received my registration for the corporation for 2003. . After talking to someone on the internet site they told me to download the form, fill it out and send \$ 300.00 for the registration. Enclosed you will find a check for \$308.75, \$300.00 for reinstatement and \$8.75 for a certificate.

Thank you

Dennis Davis

A handwritten signature in cursive script, appearing to read "Dennis Davis", with a large, stylized loop at the end.