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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 10 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD2000086369**

1. Corporation Name
DOUBLE D OF ST. PETE BEACH, INC

2. Principal Office Address
9524 BLIND PASS RD
Suite, Apt. #, etc.
15
City & State
ST. PETE BEACH, FL

3. Mailing Office Address
5901 BARRA DEL MAR CIRCLE
Suite, Apt. #, etc.
522
City & State
ST. PETERSBURG, FL

4. Date incorporated or Qualified To Do Business in Florida
08-09-02

5. FEI Number
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$2.15 Additional Fee required for Certificate of Status

Zip
33706 USA **33715 USA**

7. Name and Address of Current Registered Agent

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
03/18/04-01052-021 ***308.75

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.

Signature of Registered Agent *Claire Hansen* Date **3/8/04**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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

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 118.07(3)(d), 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: *Dennis Davis* Date **3-8-04** Daytime Phone # **727-867-2359**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR0201 (01/04)

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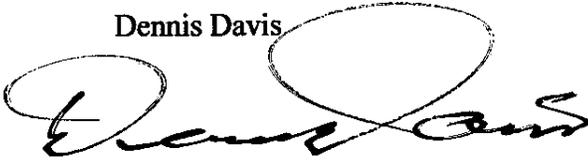
March 8, 2004

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", written in black ink.