PAGE 1 OF 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -5 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000098258

1. Corporation Name
D & D Enterprises of Homestead, Inc.

2. Principal Office Address	3. Mailing Office Address
229 S. Railroad	229 S. Railroad
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Homestead, FL	Homestead, FL
Zip 33030 Country USA	Zip 33030 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/11/02

5. FEI Number 74-3061315 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: Dean C Diaz

Street Address (P.O. Box Number is Not Acceptable): 1410 old Dixie Hwy

Suite, Apt. #, Etc.:

400029964584
03/05/04--01068--020 **8.75

City: Homestead State: FL Zip Code: 33030

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres.	Dean C Diaz	229 S Railroad	Homestead, FL 33030
See Treasurer	Daniel Diaz	229 S. Railroad	Homestead, FL 33030

RECEIVED MAR 03 04

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: _____ 3-1-04 305-345-2153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 1 of 2

SouthWest Accounting Center Inc
PO Box 971577
Miami, Fl 33197-1577

Phone: 305-255-2511 Fax: 305-255-7313

March 2, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement, D&D Enterprises of Homestead Inc.
H-02000195198

Dear Sir or Madam:

Please be advised that our client moved and did not receive the paperwork to pay the annual corporate fee. Attached are the reinstatement application and $300.00 plus $8.75 for a Certificate of Status for their corporation. This will cover the annual fee for 2003 and 2004 and bring D&D to an active status.

Enclosed is a check in the amount of $308.75.

Sincerely,

Southwest Accounting Center, Inc

Marlene E. Lieber

Marlene Lieber
Associate

Cc: Dean Diaz
D & D

Enc.