
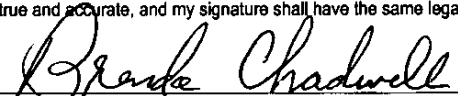


* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000016785			
1. Corporation Name Dovewood Developers Inc.			
2. Principal Office Address - No P.O. Box # 1109 Marbella Plaza Dr Suite, Apt. #, etc. —		3. Mailing Office Address 1109 Marbella Plaza Dr. Suite, Apt. #, etc. —	
City & State Tampa FL		City & State Tampa FL	
Zip 33619	Country USA	Zip 33619 Country USA	
7. Name and Address of Current Registered Agent			
Name Russell K. Peavyhouse			
Street Address (P.O. Box Number is Not Acceptable) 3605 Stanley Road			
Suite, Apt. #, Etc. —			
City Plant City	State FL	Zip Code 33565	
4. Date Incorporated or Qualified To Do Business in Florida 2-12-2003			
5. FEI Number 59-3547191		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
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 _____	
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
PSD	Melanie Norris	2301 Dovewood Estates	Valrico FL 33594
VPTD	Brenda Chadwell	2401 Victoria Gardens Ln	Tampa FL 33609
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 contained in Chapter 119, 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: 		6/28/07	813-601-3959
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>