PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT PO3 DOO 1047 1. Comparation Name DOCUMENT # PO3 DOO 1047 1. Dealer Name DOCUMENT # PO3 DOO			7	
1. Comparation Name DM + MR Ventures, In 2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 2. Suite, Ast # 60. Suite, Ast # 60. Suite, Ast # 60. Suite, Ast # 60. Crescent City FL 2p 3. Mailing Office Address of Current Registered Agent The mail Address of Current Registered Agent Name The mail Address of Current Registered Agent Name Suite, Ast # 60. Suite, Ast	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Secretary of State	FILED 09 MAY 19 AM 10: 35 SECRETARY OF STATE	
2. Principal Office Address - No PO. Box # 2. Amaling Office Address 3. Surfe, Amil #, etc. City & State Crescent City FL Zin Courtry 2. Surfe, Amil #, etc. Courtry 3. 3. Mailing Office Address 2. Courtry 4. Date Incorporated or Qualified To Co Guilleries Information (1/2) / 0.3 S. FER Number 4. Application Office State 1. Application 2. Courtry 4. Date Incorporated or Qualified To Co Guilleries Information (1/2) / 0.3 S. FER Number 4. Application 2. Application 2. Courtry 4. Date Incorporated or Qualified To Co Guilleries Information (1/2) / 0.3 S. FER Number 4. Application 3. S. FER Number 4. Application 2. Application 2	1. Corporation Name		TALLAHASSEE, FLORIDA	
2. Principal Office Address - No. P.O. Box # 23.2 Central Ave. 3. Mailing Office Address 4. Date Incorporated or Qualified 5. Date Incorporated 5. Dat	DM + MR (lentures, In C		
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida /0/3/03 5. FEI Number Do Business in Florida /0/3/03 6. CERTIFICATE OF STATUS DESIRED \$3.78 Additional For requiring To a Centificate of Status 7. Name and Address of Current Registered Agent Dept. Carrent Dept. Carrent Registered Agent Dept. Carrent Registered Agent Dept. Carrent Dept. Carrent			200156160202 05/19/0901023001 **1050.00	
City & State Crescent City FL Zip Country 3 2 112 Putnam 5 5. FEI Number 4 2 - (60 58 02) 5 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name Street Address PO. Box Number is Not Accordately Street Address PO. Box Number is Not Not Policy Street Address PO. Box Number is Not Number in	222 Central Ave	. 222 Central Ave.		
7. Name and Address of Current Registered Agent Name Street Address P O, Box Number is Not Acceptable) Size Address P O, Box Number is Not Acceptable) Suite. Apt #, Etc. City City Signature of Registered agent of the above named corporation, am familiar with and accept the collegations of section 807.0503 or 617.0503, F.S. Signature of Registered Agent ARECISTERED 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 Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Prest Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Prest Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) City / State / Zip 10. Learly 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 receiver or trustee empowered to execute this application	Crescent City Fl	Crescent City FL Zip Country	To Do Business in Florida /0/3/03 5. FEI Number Applied For Not Applied For Not Applied For S8.75 Additional Fee required	
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. Size Address Po Box Number is Not Acceptable			for a Certificate of Status	
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 Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Officer and/or Directors 153 Old Mail Route Rd Crescent City FL 32112 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 filling 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 failed and the names of individuals listed on this application is true and gourste, and my signature shall have the same legal effects as if made under eath	Street Address (P.O. Box Number is Not Acceptable) /50 Old Mail Route Poad Suite, Apt #, Etc.		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	
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Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Pres Stephania Causey 153 Old Mail Route Rd Crescent City FL 32112 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 filling 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 isted 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 of Registered Agent 170 Namia Chuque Date 3-24-09			
Officer and/or Directors Officer and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director In a constant of the second of t	9. Names and Street Addresses of Each Office	r and/or Director (Florida nonprofit corporations must list at	least 3 directors)	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prone #				