
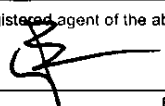
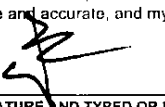


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 JAN 27 PM 2:16	
DOCUMENT # P03000112356					
1. Corporation Name D Hamptons Development, Inc.					
2. Principal Office Address 155 Crystal Beach Dr		3. Mailing Office Address P O Box 1330		4. Date Incorporated or Qualified To Do Business in Florida 9/26/03	
Suite, Apt. #, etc. Ste 135		Suite, Apt. #, etc.		5. FEI Number 20-0251815	
City & State Destin, FL		City & State Santa Rosa Beach FL		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32541	Country	Zip 32459	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Danny Kemp					
Street Address (P.O. Box Number is Not Acceptable) 155 Crystal Beach Drive					
Suite, Apt. #, Etc. Ste 135					
City Destin				State FL	Zip Code 32541
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 1-24-06	
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		
D	Danny Kemp	155 Crystal Beach Dr.	Destin, FL 32541		
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: 				Date 1-24-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	



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Kemp & Associates, CPA PC

Certified Public Accountants
303 East 11th Street • P. O. Box 2309
Anniston, Alabama 36202
(256) 237-5102 • FAX (256) 237-8185

January 25, 2006

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

RE: D. Hamptons Development Inc.
Document # P03000112356

Dear Sir:


Please find enclosed a signed Corporation Reinstatement Form. Our above listed client filed his annual report last year along with payment. The report was returned because he had used his post office box address instead of his street address as registered agent. He returned the corrected copy but you said you never received it and dissolved the corporation.

We ask that you re-instate the above listed corporation. We also ask that you waive the re-instatement fee since our client did file his report but due to the above circumstances was incorrectly dissolved.

Our client over-paid last year and has a credit with you. We ask that you apply this over-payment to this year's report and consider him a for profit corporation in the State of Florida.

Thank you in advance for your cooperation and immediate attention to this matter.

Sincerely,


G. Gail Kemp, CPA
Kemp & Associates, CPA PC