PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPÂRTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

07 MAY -4 AM 10: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # PC	30001	157	85
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1. Corporation Name

DLM DEVELOPMENT Group INC.

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	ai Office Address - No P.O. Box#	3. Mailing Office Addr	esREIN	ISTA	TEI	MENT CR2E	081 (1/07)	. Poc	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4.	4.00				
City & State		City & State	ity & State		To Do Busin	ness in Florida	10.1	4-2003	
MIA Zip	MI, FL	-	——————————————————————————————————————		FEI Numbe	04908	33	Applied For Not Applicable	
	IS7 Country USA	Zip	Country	6.	CERTIFICATE	OF STATUS DESIRE	\$8.75 Ad for a C	dditional Fee required Certificate of Status	
Nema	7. Name and Address	of Current Registered Age	ent						
Name	Danny Yero					instatement fe stances which			
Street Address (P.O. Box Number is Not Acceptable)					the prid	or notices. By	checking t	this box, you	
Suite, Apt.					receive	ertifying the period and reques			
City MIAMI State Zip Code FL 33157					fee be waived.				
8. I, being Signature o Registered		pove named corporation, and		cept the obliga	itions of section			2007	
9. Names	s and Street Addresses of Each Officer a	nd/or Director (Florida nonp	orofit corporations mu	ıst list at least 3	3 directors)				
Titles	Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
P	DANNY YERD	167	310 SW	96 A	we	MIAMI	FL 3	3157	
				4					
					1 () 05/21	00102: /070101	93201 7013	5 1 **158.75	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DLM DEVELOPMENT GROUP INC 16310 SW 96th Avenue Miami, Florida 33157 786-487-9369

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May 3, 2007

To whom it may concern,

Earlier today I spoke to a Customer Service Representative from your office and explained to him that my company was administratively dissolved through no fault of mine. The registered agent that was on file resigned without given me any consent. When I went to renew on May 1, 2007 I discovered that the company had been dissolved due to his resignation. Additionally my registered agent had placed his office addresses as points of contact therefore leaving me without any addresses to which receive information. So that I could file in a timely manner. I sincerely ask to have the late fees removed and I hereby submit my fee of \$150.00 plus the monies for a certificate of status and do hereby request that my company DLM Development be placed in active status as soon as you possibly can. I thank you for your time and assistance with this matter.

Sincerely,

Danny Yero President

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