

2005 FOR-PROFIT CORPORATION REINSTATEMENT

| | |
|-------------------------------------|--|
| DOCUMENT # P04000004583 | |
| 1. Entity Name D & M STORM, INC. | |



FILED

05 FEB -4 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 13721 COUNTRY CLUB DR TAVARES, FL 32778 | Mailing Address 13721 COUNTRY CLUB DR TAVARES, FL 32778 P.O. Box 601 ASTATULA, FL 34705 |
|---|---|

| | |
|--------------------------------|------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address P.O. Box 601 |
|--------------------------------|------------------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|------------------------------|------------------------------|
| City & State ASTATULA, FL | City & State ASTATULA, FL |
|------------------------------|------------------------------|

| | |
|-------------------|----------------|
| Zip 34705-0601 | Country USA |
|-------------------|----------------|



REINSTATEMENT

02-05

| | | | | |
|---|--|--|--|--|
| 5. Name and Address of Current Registered Agent JETER, DELLA J 13721 COUNTRY CLUB DR TAVARES, FL 32778 | | 4. FEI Number 75-3143653 | | Applied For <input type="checkbox"/> Not Applicable |
| 6. Name and Address of New Registered Agent | | 7. Name and Address of New Registered Agent | | |
| Name | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | City | | |
| FL | | FL | | |
| Zip Code | | Zip Code | | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|-----------------------------|--|
| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|-----------------------------|--|

| | | | |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JETER, DELLA J 13721 COUNTRY CLUB DR TAVARES, FL 32778 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700046418107 02/11/05--01010--002 ***308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELLA J JETER 1-31-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #