

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000007099					
<b>1. Entity Name</b> D.T.GREER INC					
<b>Principal Place of Business</b> 3981 PLUM TREE DR LANTANA, FL 33462 US			<b>Mailing Address</b> 3981 PLUM TREE DR LANTANA, FL 33462 US		
<b>2. Principal Place of Business</b> 24004 SR 247 Suite, Apt. #, etc.		<b>3. Mailing Address</b> 24004 SR 247 Suite, Apt. #, etc.			
<b>City &amp; State</b> OBRLEN Florida		<b>City &amp; State</b> OBRLEN Florida		<b>4. FEI Number</b> 010804817	
<b>Zip</b> 32071		<b>Country</b> SUWANNEE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GREER, DONALD T JR 3981 PLUM TREE DR LANTANA, FL 33462			<b>7. Name and Address of New Registered Agent</b> Name: GREER, DONALD T JR Street Address (P.O. Box Number is Not Acceptable): 24004 SR 247 City: OBRLEN FL Zip Code: 32071		
<b>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.</b> SIGNATURE: <i>Donald T Jr Greer</i> DATE: 4-18-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREER, DONALD T JR 3981 PLUM TREE DR LANTANA, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GREER DONALD T JR 24004 SR 247 OBRLEN FL 32071	
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	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Donald T Jr Greer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4-18-06 Daytime Phone #: 386-9657966		

FILED  
06 APR 18 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 05-06

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