

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 19 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000088437	
1. Entity Name D & D METAL INDUSTRIES, INC.	



Principal Place of Business 26324 WESLEY CHAPEL BLVD. LUTZ, FL 33559	Mailing Address 26324 WESLEY CHAPEL BLVD. LUTZ, FL 33559
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2. Principal Place of Business 26324 Wesley Chapel Suite, Apt. #, etc.	3. Mailing Address 26324 Wesley Chapel Suite, Apt. #, etc.
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City & State Lutz, FL	City & State Lutz, FL
Zip 33559	Country Pasco

4. FEI Number 59-2686481	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNES, MICHELE S 26324 WESLEY CHAPEL BLVD. LUTZ, FL 33559	
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7. Name and Address of New Registered Agent Name Charles Mark Bridges Street Address (P.O. Box Number is Not Acceptable) 26504 Chiania Drive City Zephyrhills FL Zip Code 33549	
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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 <u>Charles Mark Bridges</u> DATE <u>Oct 5, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOSA, MITCHELL D 26324 WESLEY CHAPEL BLVD. LUTZ, FL 33559 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNES, MICHELE S 26324 WESLEY CHAPEL BLVD. LUTZ, FL 33559 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elmer Stearns Pratt III 5002 Grove Manor CT Plant City, FL 33565 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Charles Mark Bridges 26504 Chiania Drive Zephyrhills, FL 33549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cheryl Pratt 5002 Grove Manor CT Plant City, FL 33565 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: <u>Elmer S. Pratt III</u>	10-4-05 8139734771
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

10/24/05