PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR -5 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600170244846
02/23/10--01022--001 **300.00

CR2E081 (11/09)

DOCUMENT # P07000110837

1. Corporation Name
Dp Managment . WC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
823 Lagoon street	3500 N 12th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers Beach FL	City & State: Superior WI
Zip: 33931 Country: USA	Zip: 54880 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 10-2-2007

5. FEI Number: 26-1151647 ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. **Name and Address of Current Registered Agent**

Name: Fred Paine
Street Address (P.O. Box Number is Not Acceptable): 823 Lagoon street
Suite, Apt. #, Etc.:
City: Fort Myers Beach State: FL Zip Code: 33931

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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04/05/10--01052--021 **193.75

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: Fred Paine
REGISTERED AGENT MUST SIGN

Date: 2-16-2010

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
PSD	Dawn Paine	12 BedKnap Shores	Superior WI 54880
VTD	Fred Paine	823 Lagoon Street	Fort Myers Beach FL 33931

10. **E-mail Address:** Fred Paine1 at AOL.com
(To be used for future annual report notification)

11. 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, I further certify 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: Fred Paine 2-16-2010 715-3524 33
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #