


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

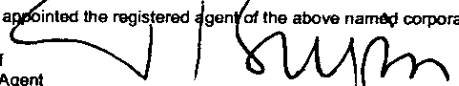
CORPORATION				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000024482					
1. Corporation Name DEDE DUMPLIN, INC.					
2. Principal Office Address 6462 34th PL			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State VERO BEACH FL			City & State FL		
Zip 32966		Country USA		Zip	
				Country	

FILED
02 JUL 22 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

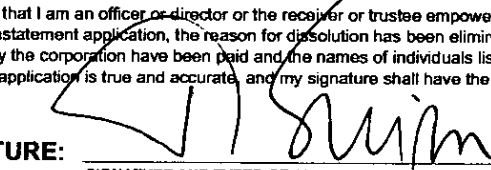
500006853675--9
-08/01/02--01042--021
****915.00 ****915.00

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name JOHN T. SNIPES		
Street Address (P.O. Box Number is Not Acceptable) 6462 34th PI		
Suite, Apt. #, Etc.		
City VERO BEACH	State FL	Zip Code 32966

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 	Date 7/19/02
REGISTERED AGENT MUST SIGN	

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
PRES.	JOHN T. SNIPES	6462 34th PI	VERO BEACH FL 32966
VP.			
SEC.			
		97-02 USBK	TS

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 under section 119.07(3)(i), 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: 	7/19/02 772-794-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2081 (9/01)

PAGE 2 of 2

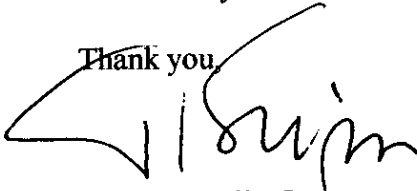
July 19, 2002

Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Dear Sirs,

As per our telephone conversation of this date, please be advised that I did not receive the Uniform Business Report in 1997. This was due to a change of address. Enclosed you will find my check for \$915 to reinstate the corporation.

Thank you,

A handwritten signature in black ink, appearing to read "J. Snipes", is written over the "Thank you," text.

Dede Dumplin, Inc.
John T. Snipes, Pres.