

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

06 JUN 14 AM 9:3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024482

1. Corporation Name

DEDE DUMPLIN, INC.

2. Principal Office Address

6462 34TH PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

6462 34TH PLACE

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32966

Country

USA

Zip

32966

Country

USA

REINSTATEMENT

04-06 BSC

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1993

5. FEI Number

81-0561702

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

JOHN T. SNIPES

Street Address (P.O. Box Number is Not Acceptable)

6462 34TH PLACE

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

[Signature]

Date JUNE 12, 2006

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
PVS	JOHN T. SNIPES	6462 34TH PLACE	VERO BEACH, FL 32966

600076429646
06/21/06 01017 013 ***1050.00

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 contained in Chapter 119, 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:

[Signature]

JOHN T. SNIPES

06-12-2006

772-794-1224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #