

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG 22 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *993000043912*

1. Corporation Name

D.D.P. Enterprises Inc.

300004559919--9

-08/28/01--01053--022

****900.00 ****900.00

2. Principal Office Address

2296 Lagoon Dr.

3. Mailing Office Address

2296 Lagoon Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunedin, FL

City & State

Dunedin FL

Zip

34698

Country

USA

Zip

34698

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-99

5. FEI Number

59-3185109

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

Robert Neri

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

2296 Lagoon Dr.

Suite, Apt. #, Etc.

City

Dunedin

State
FL

Zip Code

34698

REINSTATEMENT

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

Robert Neri

Date

8-20-01

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
<i>P</i>	<i>Robert Neri</i>	<i>2296 Lagoon Dr.</i>	<i>Dunedin, FL 34698</i>

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)(f), 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:

Robert Neri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-20-01

Daytime Phone #

727-447-4600 X441

CR2001 (9/00)