

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000075570

1. Corporation Name

DYER ENTERPRISES, INC.



07 APR 24 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500099224075
04/27/07-01002-026 **1650.00

2. Principal Office Address - No P.O. Box # 5850 T.G. LEE BLVD.		3. Mailing Office Address 5850 T.G. LEE BLVD.	
Suite, Apt. #, etc. SUITE 175		Suite, Apt. #, etc. SUITE 175	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32822	Country USA	Zip 32822	Country USA
7. Name and Address of Current Registered Agent			
Name RICHARD J. FILDES			
Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE			
Suite, Apt. #, Etc.			
City ORLANDO		State FL	Zip Code 32801
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 59-3205507		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			
<input type="checkbox"/> 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.			

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 **4/23/07**

RICHARD J. FILDES

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
PD	DYER, THOMAS B.	5850 T.G. LEE BLVD, STE 175	ORLANDO, FL 32822
S	BAKER, KARI D.	511 WOODLAWN BLVD.	ORLANDO, FL 32801

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:

Thomas B. Dyer 4/21/07 407-859-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President Date Daytime Phone #

THOMAS B. DYER, PRESIDENT