

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 14 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040099

1. Corporation Name

DMD Global Investments, Inc.

100052140191
04/26/05--01058--007 **1650.00

2. Principal Office Address

5100 W. Cypress Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33607

Country

USA

3. Mailing Office Address

5100 W. Cypress Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33607

Country

USA

REINSTATEMENT 99-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 27, 1994

5. FEI Number

59-3251429

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

J. Matthew Marquardt, Esq.

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

625 Court Street

Suite, Apt. #, Etc.

Suite 200

City

Clearwater

State

FL

Zip Code

33756

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

J. Matthew Marquardt

REGISTERED AGENT MUST SIGN

Date 4-12-05

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	Daniel M. Doyle, Jr.	5100 W. Cypress Street	Tampa, FL 33607
VP/S/D	Daniel M. Doyle, Sr.	5100 W. Cypress Street	Tampa, FL 33607
Ass. Sec	J. Matthew Marquardt, Esq.	625 Court Street, Suite 200	Clearwater, FL 33756

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:

J. Matthew Marquardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05
Date

(727) 441-8966
Daytime Phone #

CR20081 (10/02)

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