PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE HISTON OF CORPORATIONS

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1. Corporation Name

DDP Properties & Investments, Inc.

2. Principal Office Address		3. Mailing Office Address				· · · · · · · · · · · · · · · · · · ·	
1231 South Roxmere Rd.		1231 South Roxmere Rd.		dring	TATEMENT	$O(\lambda^{-1})$	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		FIFFIRE	A R A R B C A C P B A B		
					porated or Qualified siness in Florida 02/02/	95	
City & State)	City & State		5. FEI Numb		Applied For	
Tampa, FL		Tampa, FL		59-3296674		Not Applicable	
Zip Country		Zip Country		6. S8.75 Additional		Additional Fee required	
33629 USA		33629	USA			Certificate of Status	
		7. Name and	Address of Current Regist	tered Agent			
	Name						
	Steve Doherty						
	Street Address (P.O. Box Number is Not Acceptable) 1231 South Roxmere Road ****750 00 *****750 00						
	Suite, Apt. #, Etc.	<u> </u>			*************************************	1,0	
	City Tampa				State Zip Code FL 33629		
Signature o Registered	Agent	New Ly EGISTERED AGENT MU	ST SIGN		Date	2	
9. Names	and Street Addresses of Each Officer and	d/or Director (Florida nonp	profit 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		
							
P/D	Steve Doherty	123	1231 S. Roxmere Road		Tampa, FL 33629		
S/D	Tom Doherty	Doherty 22388 Seabass Driv		rive	Boca Raton, FL 33428		
Т	George Poole	4830 Brantmore Ct.		t.	Winter Springs, FL 32708		
V	MarkPPetroni		3042 Blackbird Ct.		Melbourne, FL 32935		
					1011/1		
10 Logrifi	withat Lam an officer or director or the recei	iver or trustee emnowerer	to everute this annination a	s provided for in ch	panter 607 or 617. E.S. Liurther cert	ify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

10/23/00

Daytime Phone #