

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
DIVISION OF CORPORATIONS
02 AUG 14 PM 3:18

DOCUMENT #P95000036355

1. Corporation Name

DDB INVESTMENTS, INC

300007630423--4
-09/10/02--01037--019
****900.00 ****900.00

2. Principal Office Address

1321 N.W. 174 ST

Suite, Apt. #, etc.

3. Mailing Office Address

1321 N.W. 174 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33169

US

Zip

Country

33169

US

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

5/03/1995

5. FEI Number

05-0585749

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

BOBBY, BELLAMY

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

1321 N.W. 174 ST

Suite, Apt. #, etc.

City

MIAMI

State

FL

Zip Code

33169

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

Bobby Bellamy

Date **JULY 22, 2002**

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
P	PATRICIA ROBERTSON	1321 N.W. 174TH ST	MIAMI, FL 33169

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:

Patricia Robertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/02 (305) 705-8846
Date Daytime Phone #

CR2E081 (9/01)