## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000075045

1. Corporation Name

DDP DIVERSIFIED INVESTMENTS, INC.

Principal Place of Business

Mailing Address

403 COLEMAN POINT

403 COLEMAN POINT

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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DESTIN FL 32541 DESTIN FL 32541									
If above	addragge or or	legarest in anyway line th	rough incorrect is	oformation o	and optor correction bolow	RE	NSTATEME	NT 03	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable					orated or Qualified				
						To Do Business in Florida 09/28/1995			
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #,	, etc.		5. FEI Number	<del></del>	<del></del>		
City & Stat	e		City & State			<u>-</u> ; =, ((a),)20,	59-3339462	Applied For	
					e Trost spendant				
Zip		Country	Zip		Country			5 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City / Sta	ite / Zip	
PST	PORTER, I	DOUGLAS D	403 COLEMAN POINT			DESTIN FL 32541			
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			******						
						10/20	<b>00240146</b> 0301055008	10	
	}	1				10/22/	U3U1U55UU3	**150.00	
-						· <del>-</del>			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
Name									
PORT	B DOUGLA	1S.D.							
PORTER, DOUGLAS D Street Address (			CO. Box Number	is Not Acceptable)	• •••				
DESTIN FL 32541			Suite, Apt. #, Etc.	Suite, Apt. #, Etc.					
					City		State <b>FL</b>	Zip Code	
10. I, being	appointed th	e registered agent of the abo	ove named corpo	ration, am f	amiliar with and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.0505	, F.S.	
Signature of Registered Agent Signature of REGISTERED AGENT MUST SIGN  Date 10/20/03									
11. 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 filling									

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 OR DIRECTOR

Date

Date

Date

Date

Daytime Phone #

## DDP DIVERSIFIED INVESTMENTS, INC

403 Coleman Point Destin, Fl 32541 Tele: (850) 837-2245

Fax: (850) 837-0192

DIVISION OF CORPORATIONS ANNUAL REPORT/REINSTATEMENT - PO BOX 6327 TALLAHASSEE FL 32314-6327

October 20, 2003

To Whom It May Concern:

I received the NOTICE OF ADMINISTRATIVE DISOLUTION for DDP Diversified Investments, Inc. This is the first notice I received. I did not receive the January or June notice. I have no explanation as to why I did not receive the notices. The mailing address is correct. Your records will document that I have always paid fees on time.

I contacted your agent by phone and he suggested I write an explanation. I have marked by 2004 calendar to prevent this from recurring. I would appreciate your consideration in this matter.

Sincerely,

Douglas D. Porter, President