PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Sec	cretary o	MENT OF STATE of State reporations			PM 3: 52 OF STATE EE. FLORIDA	
DOCUMENT # P9600025091 1. Corporation Name					tadaar ta		
D and W. Investors, Inc.							
2. Principal Office Address 501: Commendencia St.	3. Mailing Office 9. O.	DOX (2130			STAT	EMENT	01-05
Suite, Apr. #, etc.	Suite, Apt. #, etc.			-4. Date Incorporated or Qualified - 3 21 96			
		acola, FL 5. FEI		5. FEI Number 59 -			
32502 Country USA	32590-		Country USA	6.	OF STATUS DES	\$8.75 Addi	tional Fee required tificate of Status
7. Name and Address of Current Registered Agent							
Name John P. Ogniel							
Street Address (P.O. Box Number is Not Acceptable) SO Commendencie Street 08/11/03-01021-006 **1050.00							
Suite, Apt. #, Etc.							
Pensacola						Code 3 2 502	
8. I, being appointed the registered agent of the above named exproration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN							
9. Names and Street Addresses of Each Officer an	d/or Director (Florida	a nonprofit	corporations must list at le	east 3 directors)			
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
P.O. J. Nixon Daniel, III		501 Commendencia St.			Pensacola, FL32502		
VPD John P. Janiel		501 Commendencia St. 501 Commendencia St.		Pensacola, FL32502 Pensacola, FL32502			
							
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							