


# 2006 & 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000109166</b> 1. Entity Name <b>D F INVESTMENTS OF SARASOTA, INC.</b>				<b>FILED</b>  07 JAN 25 AM 9:22  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2560 WHITFIELD AVENUE</b> <b>SARASOTA, FL 34243</b>		Mailing Address <b>2560 WHITFIELD AVENUE</b> <b>SARASOTA, FL 34243</b>			
2. Principal Place of Business <b>340 S. PALM AVE</b>		3. Mailing Address <b>2381 FRUITVILLE ROAD</b>			
Suite, Apt. #, etc. <b>SUITE 73</b>		Suite, Apt. #, etc. 			
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>		4. FEI Number <b>65-0808277</b>	
Zip <b>34236</b>		Zip <b>34237</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DESROSIERS, JOANN</b> <b>2560 WHITFIELD AVE</b> <b>SARASOTA, FL 34243</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>340 S. PALM AVENUE</b> <b>SUITE 73</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34236</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Joann A. Desrosiers</i></u> DATE: <u>1-22-07</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST DESROSIERS, JOANN <input type="checkbox"/> Delete <b>2560 WHITFIELD AVE</b> <b>SARASOTA, FL 34243</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>340 S. PALM AVE, SUITE 73</b> <b>SARASOTA, FL 34236</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200086812132</b> <b>01/31/07--01037--010 ***300.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Joann A. Desrosiers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-22-07 941-366-2483 <small>Date Daytime Phone #</small>		

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