


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

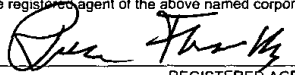
<b>CORPORATION</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P980000033676</b>					
1. Corporation Name <b>DDP/Maine Corp.</b>					
2. Principal Office Address <b>127 Peruvian Av. #304</b>			3. Mailing Office Address		
Suite, Apt. #, etc. <b>#304</b>			Suite, Apt. #, etc.		
City & State <b>Palm Beach FL</b>			City & State		
Zip <b>33480</b>	Country	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida <b>5/17/99</b>	
5. FEI Number <b>85-0844464</b>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

FILED  
01 AUG 28 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

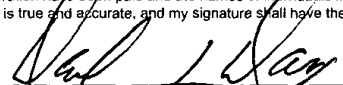
000004586300--8  
-09/13/01--01002--007  
\*\*\*\*300.00 \*\*\*\*300.00  
000004586300--8  
-09/13/01--01002--008  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

2000-2001 UBR

7. Name and Address of Current Registered Agent	
Name <b>RAE FRANKS ESQUIRE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>700 North Olive Avenue</b>	
Suite, Apt. #, Etc.	
City <b>West Palm Beach</b>	State <b>FL</b>
Zip Code <b>33401</b>	

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 	Date <b>4/20/01</b>
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
PTD	DAVID DAY	127 Peruvian Av #304	Palm Beach FL 3348
S	JEANNE M. ZELLER	1001 Market Street #204	Borismouth NH 03801
D	WILLIAM H. KELLEY	282 River Road, P.O. Box 3280	Manchester, NH 03105

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 #

CR2E081 (9/00)

**DO NOT REMOVE!**

2 of 2

**RAE FRANKS, ESQUIRE, P.A.**  
700 North Olive Avenue  
West Palm Beach, Florida 33401  
(561) 820-9177 Fax: (561) 820-9607

July 26, 2001

**Certified Mail - Return Receipt Requested**

Corporation Reinstatement  
Dept. Of State/Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Reinstatement of DDP Maine Corp.**

Dear Sir or Madam:

Please be advised that we never received the Uniform Business Report for 2000.

Upon calling the Division of Corporations, I was informed that this letter advising of non-receipt of the Uniform Business and Report and \$300.00, would entitle me to have this Corporation reinstated.

I enclose a Corporation Reinstatement Form, and a check in the amount of \$300.00. Please reinstate this corporation, and advise me when this is done.

Thank you for your prompt attention to this matter.

Very truly yours,



RAE FRANKS, ESQUIRE

RF/gmw  
Encl.

R:\SECT\_F-1\FORMS\CORP\DDP\CORP.LTR