

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 17 AM 10:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 2002



500009528825
 12/16/02--01085--014 **750.00

DOCUMENT # P98000035327

1. Corporation Name
 D.M.DEVELOPMENT, INC.

Principal Place of Business: 6222 NW 98TH HIGHWAY, CORAL SPRINGS FL 33076, US
 Mailing Address: 6222 NW 98TH WAY, CORAL SPRINGS FL 33076, US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 4530 NE 6th Avenue Oakland Park, FL 33334 USA		3. New Mailing Office Address, If Applicable 4530 NE 6th Avenue Oakland Park, FL 33334 US		4. Date Incorporated or Qualified To Do Business in Florida 04/16/1998	
5. FEI Number 65-0826472		Applied For Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MORANO, DAVID M	5222 NW 98TH WAY 4530 NE 6th Ave	CORAL SPRINGS FL 33076 Oakland Park, FL 33334

8. Name and Address of Current Registered Agent MORANO, DAVID M 5222 NW 98TH HIGHWAY CORAL SPRINGS FL 33076		9. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 4530 NE 6th Avenue Suite, Apt. #, Etc.: _____ City: Oakland Park State: FL Zip Code: 33334	
--	--	--	--

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [Signature] Date: 10-28-02
 REGISTERED AGENT MUST SIGN

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 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] DAVID MORANO Date: 10-28-02 Daytime Phone #: 954-958-9197
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)