

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 30 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

98000063522

MDP ASSOCIATES, INC.

REINSTATEMENT 03

2. Principal Office Address

5500 Military trail

Suite, Apt. #, etc.

Suite 304

City & State

Jupiter, Florida

Zip

33458

Country

USA

3. Mailing Office Address

5500 Military trail

Suite, Apt. #, etc.

Suite 304

City & State

Jupiter, Florida

Zip

33458

Country

USA

600024604466

11/12/03--01014--019 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

105-0851290

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DOUG LUTZ

Street Address (P.O. Box Number is Not Acceptable)

5500 Military trail

Suite, Apt. #, Etc.

Suite 304

City

Jupiter, Florida 33458

State

FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-27-03

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
Pres.	DOUG LUTZ	5500 Military trail Suite 304 Jupiter, Florida 33458	JUPITER, FL 33458

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUG LUTZ

Date

10-27-03

Daytime Phone #

561-575-0458

CR2E081 (10/02)

MDP ASSOCIATES, INC

5500 MILITARY TRAIL
SUITE 304
JUPITER, FLORIDA 33458
561 575 0458
561 575 0428 FAX

October 27, 2003

Dept Of State
Division Of Corporations
409 East Gaines St.
Tallahassee, Florida 32399

Dear Sir or Madam:

RE: MDP ASSOCIATES, INC FEI# 65-0851290

Dear Sir or Madam;

I applied for an assumed name for my corporation, MDP Associates, Inc; in reply, I received a notification that MDP Associates, Inc was inactive. I was not aware of this until I received this letter.

I called your office and was told that we did not file for yearly corporation fee.

I did not receive the filing document. After checking the records of the state, we saw that you had an outdated address for MDP. I explained to the representative that I notified the state at the time that we moved to our present location.

She suggested that I send a letter stating this along with \$175.00 check.

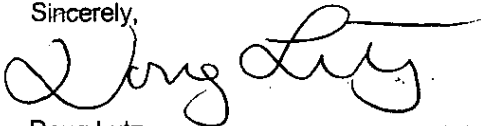
MDP has been a working and active corporation with all the proper tax filings each year

Please correct your records to reflect this. I believe the rep has changed the outdated address to reflect the present address for MDP Associates, Inc.

Please file the assumed name DOUG SANDERS, in which you already received payment for filing.

Thank you for your attention to this matter

Sincerely,



Doug Lutz

President