

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002-2003 UBR

500015316445
04/04/03--01041--029 **300.00

CORPORATION

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P 98000097010**
 1. Corporation Name
DDS CONSULTANTS, INC.

2. Principal Office Address 393 N. POINTE RD.		3. Mailing Office Address	
Suite, Apt. #, etc. 802		Suite, Apt. #, etc.	
City & State OSPREY FL.		City & State	
Zip 34229	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 11/16/98	
5. FEI Number 650878227	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

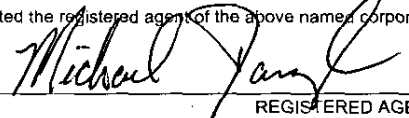
Name **MICHAEL DOUGLASS**

Street Address (P.O. Box Number is Not Acceptable)
1872 SO. MIAMI TRAIL, Suite D

Suite, Apt. #, Etc.

City **VENICE** State **FL** Zip Code **34293**

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.

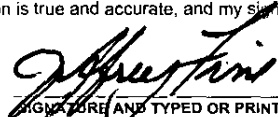
Signature of Registered Agent  Date **3/28/03**

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
P-S	JEFFREY FINE	393 N. POINTE RD #802	OSPREY FL. 34229
V.P. T	ALANA COYLE	393 N. POINTE RD #802	OSPREY FL. 34229

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:  **JEFFREY FINE** Date **3/29/03** 941-966-5186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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DDS Consultants, Inc.

March 20, 2003

393 North Pointe Road, Suite 802
Osprey, Florida 34229

To Whom It May Concern:

Recently we were advised that a Dissolution of Corporation was issued by the State of Florida for DDS Consultants, Inc. due to non-payment of annual reports for 2002 and 2003. DDS Consultants, Inc. relocated to the address listed above in 2002. Although a forwarding order was in place with the postal service, no notices were received by DDS Consultants, Inc.

We hereby request that our corporation be reinstated. Our check in the amount of \$300.00 for the years 2002 and 2003 is enclosed.

Additionally, we have been informed that our FEI number 65-0878227, which we were issued in 1998 upon incorporating is currently being used by a company called Realm International, Inc. located in Coral Springs, FL

Sincerely,



Jeffrey J. Fine, President

DDS Consultants, Inc.