

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 DEC 17 PM 12:34

FILED

DOCUMENT # **P99000027719**

1. Corporation Name
D.P.G., Inc.

2. Principal Office Address
5409 N. Florida Avenue

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33604

Country
Hillsborough

3. Mailing Office Address
5409 N. Florida Avenue

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33604

Country
Hillsborough

REINSTATEMENT

2000-2002

4. Date Incorporated or Qualified
To Do Business in Florida **03/25/1999**

5. FEI Number

62-1795748

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
Mark M. Wall, Esq.

Street Address (P.O. Box Number is Not Acceptable)
721 1st Avenue North

Suite, Apt. #, Etc.

City
St. Petersburg,

State
FL

Zip Code
33701

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

REGISTERED AGENT MUST SIGN

Date

12/3/02

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
D	Robert Pittman	5409 N. Florida Avenue	Tampa, FL 33604

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
Robert Pittman, Director

Date

Daytime Phone #

12-9-02 813 495-9251

CR2E081 (9/01)

LAW OFFICES

ENGLANDER & FISCHER, P.A.

721 First Avenue North
St. Petersburg, FL 33701

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¹ Board Certified Business
Litigation Lawyer
² Also Licensed in Colorado
³ Certified Mediator

December 3, 2002

Via Overnight Courier

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

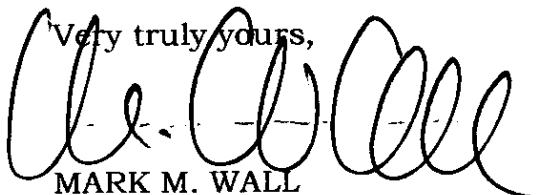
Re: Reinstatement

Dear Sir or Madam:

Enclosed please find the signed original Corporation Reinstatement for DPG, Inc., a Florida corporation and my client's check made payable to the Department of State in the amount of \$1,058.75 for the reinstatement fee and one Certificate of Status. Please send the Certificate of Status to me at the above address showing the active status of the corporation once it is reinstated.

Please do not hesitate to call me with any questions or concerns and thank you for your anticipated assistance.

Very truly yours,



MARK M. WALL

MMW/srm
Enclosures

cc: Clients