

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**

3. Mailing Office Address  
**5409 N. Florida Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip Country  
**33604 Hillsborough**

Zip Country  
**33604 Hillsborough**

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  **58.75** Additional Fee required for a Certificate of Status

**REINSTATEMENT 2000-2002**

**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 Zip Code  
**FL 33701**

**100009526961**

12/15/02 01302 001 58.75

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 **12/3/02**

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
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**

**12-9-02** **813 495-4251**  
Date Daytime Phone #

CR2E081 (9/01)

LAW OFFICES

ENGLANDER & FISCHER, P.A.

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St. Petersburg, FL 33701

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Leonard S. Englander <sup>1,2</sup>  
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Terry L. Hirsch  
William K. Bennett <sup>3</sup>  
Mark M. Wall  
Ronald W. Gregory, II  
Edward B. Cole

<sup>1</sup> Board Certified Business  
Litigation Lawyer  
<sup>2</sup> Also Licensed in Colorado  
<sup>3</sup> Certified Mediator

December 3, 2002

***Via Overnight Courier***

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

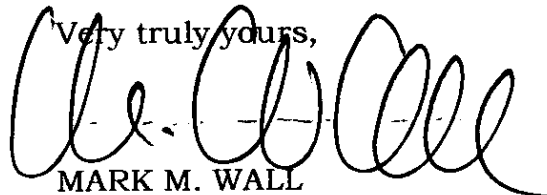
Re: Reinstatement

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