

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P90000030125*

1. Corporation Name *DSPM Management, Inc.*
P.O. Box 150337
Cape Coral, FL 33915-0337

2. Principal Office Address

919 S.E. 13th Street

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33990

Country

USA

3. Mailing Office Address

P.O. Box 150337

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33915-0337

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/1/99

5. FEI Number

65-0908691

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

Charles D. Manning

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

919 S.E. 13th Street

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

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

Charles D. Manning

Date *1/22/01*

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
<i>PD</i>	<i>Manning, Charles D.</i>	<i>919 S.E. 13th Street</i>	<i>Cape Coral, FL 33990</i>
<i>VS</i>	<i>Manning, Sandra L.</i>	<i>919 S.E. 13th Street</i>	<i>Cape Coral, FL 33990</i>

REINSTATEMENT 00-01 TS

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:

Charles D. Manning

Charles D. Manning

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

1/22/01

Date

941-594-2441

Daytime Phone #