

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB -2 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000067618**

**1. Corporation Name**

**DRP Development Corp.**

**REINSTATEMENT**

03-04

700027129447

01/16/04--01069--014 \*\*150.00

**2. Principal Office Address**

**3701 FAU BLVD**

Suite, Apt. #, etc.

**205**

**3. Mailing Office Address**

**3701 FAU BLVD**

Suite, Apt. #, etc.

**205**

City & State

**Boca Raton FL**

City & State

**Boca Raton FL**

Zip

**33431**

Country

**US**

Zip

**33431**

Country

**US**

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

**7/29/1999**

**5. FEI Number**

**05-0943608**

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

**Thomas A Head**

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

**3701 FAU BLVD.**

Suite, Apt. #, Etc.

**Suite 205**

City

**Boca Raton**

State

**FL**

Zip Code

**33431**

**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

**TH A HEAD**

Date

**1/8/2004**

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
<b>ID</b>	<b>Thomas A. Head</b>	<b>3701 FAU BLVD Suite 205</b>	<b>Boca Raton FL 33431</b>

**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:

**TH A HEAD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas A. Head**

Date

**1/8/04 (561)347-6915**

Daytime Phone #

CR2E081 (10/02)

**DRP Development Corp.**

3701 FAU Boulevard, Suite 205  
Boca Raton Florida 33431

January 12, 2004

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

On January 8, 2004 I called 850-245-6056 and spoke with Ruby. She explained to me that our report for DRP Development Corp (P99000067618) had not been updated, due to a needed correction on the form. We never received any correspondence (dated February 13, 2003) from your office requesting corrections to our original form. Ruby stated that you have/or cashed our check from 2003, and that we have a credit of 150.00 for this account. She also instructed me to fill out a Corporation Reinstatement form, along with a check for \$150.00 for year 2004, and to request that you wave the \$600.00 reinstatement fee. Ruby told me that the 150.00 is all we would need to pay. Please contact me at 561-347-6915 if you need anything else.

Yours truly,



Toni Neptune  
Controller, HRM, Ltd.



Thomas A. Head  
Registered Agent



Thomas A. Head  
Director