

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL -5 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099121

1. Corporation Name

D.L.SeyerCorp.

2. Principal Office Address

3201 Tarabrook Dr.

3. Mailing Office Address

same

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

Tampa, Fl.

City & State

Zip

33618

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-10-99

5. FEI Number

59360859

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

Judith C. Reyes

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

3323 W.Kathleen St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33607

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

Judith C. Reyes
REGISTERED AGENT MUST SIGN

Date 6-12-06

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	David C. Reyes	3201 Tarabrook Dr.	Tampa, Fl. 33618

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 contained in Chapter 119, 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

6-12-06

Date

813-478-2518

Daytime Phone #

REINSTATEMENT 03-06
CR2E081 (12/05)

D.L.SeyerCorp.

*3201 Tarabrook Dr.
Tampa, FL 33618*

To Whom It May Concern:

Please waive reinstatement fees due to address change and did not receive notification mailing. You will find my application for reinstatement and filing payment to date (2003-2006) along with this request. Feel free to contact me anytime at david.reyes@lennar.com or by phone at: cell (813) 478-2518, office (813) 265-9681.

Thank you,



David C. Reyes
President