JCTIONS BEF<u>ORE C</u>OMPLETING TH ATEMENT DIVISION OF CORPORATIONS FILED. P99000108510 DOCUMENT # 00 OCT 30 PM 3: 45 1. Corporation Name SECRETARY OF STATE D & G INVESTMENTS, INC. TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 215 SHADY CREEK LANE 215 SHADY CREEK LANE **DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433** If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 12/13/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For OFFICE BOX 405 POST 59-3624748 City & State City & State Not Applicable prings \$8.75 Additional Fee required for a Certificate of Status Counti Zip Country CERTIFICATE OF STATUS DESIRED 3a4 05 Walton 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director Title(s) **PO BOX 405** DEFUNIAK SPRINGS FL 32435 **PSD** ANDREWS, ANGUS G JR **PO BOX 405 DEFUNIAK SPRINGS FL 32435 VD** ANDREWS, DONNA W 200003471142-11/20/00--01143--002 ****158.75 ****158.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name DAVIS, MARK D Street Address (P.O. Box Number is Not Acceptable) 694 BALDWIN AVE. Suite, Apt. #, Etc. SUITE 1 **DEFUNIAK SPRINGS FL 32433** State Zip Code City named corporation, am amiliar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the stered agent of the above Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. 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.

WONTHA!

OR PRINTED NAME OF SIGNING OFFICER OR DI

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ANDREWS & DAVIS

ATTORNEYS AT LAW

THE PROFESSIONAL BUILDING 694 BALDWIN AVENUE, SUITE I DEFUNIAK SPRINGS, FLORIDA 32433

ANGUS G. ANDREWS MARK D. DAVIS TELEPHONE (850) 892-5838 FACSIMILE (850) 892-5837

October 25, 2000

The Department of State Division of Corporation Post Office Box 6327 Tallahassee, Florida 32314

Re: Reinstatement of D & G Investments, Inc.

Dear Division of Corporation:

As the registered agent for the above corporation, I am requesting a waiver of the reinstatement fee. Enclosed is a check in the amount of \$158.75 for the annual fee and a Certificate of Status. To the knowledge of the officers of the above referenced corporation, its accountant, and myself as the registered agent, no prior annual reports were received for D & G Investments, Inc. during the past 9 months since the corporation was created on December 13, 1999.

At the request of the above, it is our request that you waive the reinstatement fee for D & G Investments, Inc. Thank you for your consideration and attention to this matter. If you have any questions or concerns, please do not hesitate to contact me.

legards.

Mark D. Davis, Registered Agent

Angus G. Andrews, Jr., Presiden

MDD.sjd Enclosures