
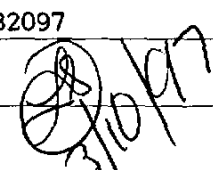


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 97 MAR 10 AM 8:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA 700002110647--4 -03/11/97--01136--015 ***1245.00 ***1245.00	
DOCUMENT # <u>V61465</u>					
1. Corporation Name D & P Leisure Investments, Inc. 104 Highway 17 South Yulee, FL 32097					
Mailing Address 104 Highway 17 South Yulee, FL 32097		Principal Place of Business 104 Highway 17 South Yulee, FL 32097			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">9/3/92</div>	
5. FEI Number <div style="text-align: center;">59-314-7894</div>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1. Pres.	Doyle claxton	104 Highway 17 South	Yulee, FL 32097		
V.P.	Patsy A. Spruiell	104 Highway 17 South	Yulee, FL 32097		
Sec.	Patsy A. Spruiell	104 Highway 17 South	Yulee, FL 32097		
Tres.	Patsy A. Spruiell	104 Highway 17 South	Yulee, FL 32097		
<div style="text-align: right; font-size: 2em;">  </div>					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name A. Jeffrey Tomassetti		
			Street Address (P.O. Box Number is Not Acceptable) 406 Ash Street		
			Suite, Apt. #, Etc.		
			City State Zip Code Fernandina Beach FL 32034		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>C. J. T. [Signature]</u> Date <u>2-26-97</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>W. Lloyd Clark</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-5-97 904 321-0028 Date Daytime Phone #		

CR2E040 (6-94)