

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT #

**P32771**

1. Corporation Name **DGR Associates, Inc.**

*Handwritten initials*

**REINSTATEMENT 97.00**

2. Principal Office Address  
**205 Prime Beef Road**  
**Tyndall AFB, FL 32204**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**1002 N. Scott Ave.**  
**Belton, MO 64012**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **Sept 1990**

5. FEI Number **43-1561185** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

City & State  
**Tyndall AFB, FL**

Zip Country  
**32404 Bay**

City & State  
**Belton, MO**

Zip Country  
**64012 Cass**

**7. Name and Address of Current Registered Agent**

Name  
**Russell E. Holton**

Street Address (P.O. Box Number is Not Acceptable)  
**3008 Avon Road**

Suite, Apt. #, Etc.

City State Zip Code  
**Panama City FL 32405**

**300003245169-3**  
**-05/09/00-01109-004**  
**\*\*\*1200.00 \*\*\*1200.00**

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 *Russell E. Holton* Date *April 6, 2000*  
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  |
|--------|-----------------------------------|--|---------------------|
| Pres.  | Belinda A. Davis                  | 12458 Manchester Avenue                        | Grandview, MO-64030 |
|        |                                   |  |                     |
|        |                                   |  |                     |
|        |                                   |  |                     |
|        |                                   |  |                     |

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: *Belinda A. Davis* **Belinda A. Davis, President** 3/31/2000 **816) 322-4452**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)