

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 AUG 23 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

L 36127
DGM Reporters, Inc.

2. Principal Office Address

4578 Royal Palm Avenue
Suite, Apt. #, etc.

3. Mailing Office Address

4578 Royal Palm Avenue
Suite, Apt. #, etc.

City & State

Miami Beach

City & State

Miami Beach

Zip

33140

Country

Dade

Zip

33140

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1989

5. FEI Number

65-0173679

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

Deborah M.G. Muller

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

4578 Royal Palm Avenue

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

100007387721 --8
-08/28/02--01029-012
***1950.00 ***1950.00

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

Deborah M.G. Muller

REGISTERED AGENT MUST SIGN

Date

8/14/02

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/ Secy.	Deborah M.G. Muller	4578 Royal Palm Avenue	Miami Beach, FL 33140
Director	Deborah M.G. Muller	4578 Royal Palm Avenue	Miami Beach, FL 33140

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:

Deborah M.G. Muller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/14/02

Daytime Phone #

305 538-8102

CR2E081 (9/01)

75 8/27/02