

APPROVED

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AND FILED

1997 MAY 19 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

APPLICATION FOR REINSTATEMENT
FOR 1997

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #P95000074752

D.C.G. CORPORATION
6812 N.W. 77 Court
Miami, Florida 33166

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.
Address
Address
City and State
Zip Code

3. Date Incorporated or Qualified To Do Business in Florida Sept. 27, 1995

4. FEI Number APPLIED FOR FEI Number Applied For FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director			
1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
D/P/S	GIRALDO LEYVA	6812 N.W. 77 Court	Miami, Florida 33166
D/V/T	DOMINGO LOPEZ	6812 N.W. 77 Court	Miami, Florida 33166
AS	HECTOR J. MIR	2655 Le Jeune Rd. #1107	Coral Gables, Florida 33134
			600002188086--3 -05/22/97--01061--007 ****923.75 ****923.75

REINSTATEMENT 4/30/97 5/21/97

This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes No
For intangible tax information call Department of Revenue 904-486-6800.

REGISTERED AGENT INFORMATION

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

ROGER BESU
815 N.W. 57th Ave., Suite 484
Miami, FL 33126

Name
HECTOR J. MIR
Street Address (Do NOT Use P.O. Box Number)
2655 Le Jeune Road
Street Address (Do NOT Use P.O. Box Number)
Suite 1107
City and State
Coral Gables, FL
Zip Code
33134

8. 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 Hector J. Mir Date 4/30/97
REGISTERED AGENT MUST SIGN

9. 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 of Officer or Director Hector J. Mir Date 4/30/97 Phone # (305) 444-0460
Typed or printed name of signing officer or director _____

10. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED
Set 7: Additional Fee required for a Certificate of Status.