

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morzham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 DEC 21 PM 6:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000074752**

1. Corporation Name
D.C.G. CORPORATION

Principal Place of Business Mailing Address
 6812 N.W. 77TH COURT 6812 N.W. 77TH COURT
 MIAMI FL 33166 MIAMI FL 33166



REINSTATEMENT 98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/27/1995	
City & State		City & State		5. FEI Number 65-0635343	
Zip		Country		APPLIED FOR	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P&D	LEYVAA, GIRALDO	6812 NW 77TH COURT	MIAMI FL 33166
VTD	LOPEZ, DOMINO	6812 NW 77TH COURT	MIAMI FL 33166
AS	MIR, HECTOR J	2655 LE JEUNE RD., #1107	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MIR, HECTOR J 2655 LE JEUNE ROAD SUITE 1107 CORAL GABLES FL 33134		Name GIRALDO LEYVA	
		Street Address (P.O. Box Number is Not Acceptable) 6950 N.W. 77TH CT.	
		Suite, Apt. #, Etc.	
		City MIAMI	State FL Zip Code 33166

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 _____ **SIGNATURE REQUIRED** _____ Date **NOVEMBER 13, 1998**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: _____ **SIGNATURE REQUIRED** _____ Date **NOVEMBER 13, 1998**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR25040 (9/98)