## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR - • REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F9900003396** 

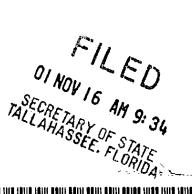
1: Corporation Name

DCL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

124 CLARKE AVE. PALM BEACH FL 33480 124 CLARKE AVE. PALM BEACH FL 33480





Corporated or Qualified Business in Florida  O7/01/1999  The S2-1582089  The S2-1582089  The S2-1582089  The S2-1582089  Applied For Not Applicable  S8.75 Additional Fee required for a Certificate of Status  City / State / Zip  PALM BEACH FL 33480  PALM BEACH FL 33480
SB:75 - Additional Fee required for a Certificate of Status  CATE OF STATUS DESIRED City / State / Zip  PALM BEACH FL 33480
S2-1582089  Not Applicable  S8.75 Additional Fee required for a Certificate of Status  City / State / Zip  PALM BEACH FL 33480
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PALM BEACH FL 33480
000047031734, -12/03/0101090001 ****758.75 ****758.75
nd Address of New Registered Agent
nber is Not Acceptable)
State Zip Code
Date 15/5/6

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.