PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. . . .*

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

02 JUN 13 AM 9: 12

FILED

SECRETARY OF STATE FALLAHASSEE, FLORIDA

DOCL	JMENT	#
	71V/L-1Y 1	π

1. Corporation Name

Donald R. Correa, Inc.

L61544

2. Principal Office Address 3. Mailing Office Address 21248 lurauoise Wo same Suite, Apt. #, etc.

City & State City & State

Same

Country

 Date Incorporated or Qualified To Do Business in Florida 3/26/90

5. FEI Number

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requires for a Certificate of State

ISA 7. Name and Address of Current Registered Agent 7.75 - Cu: Donald R. Correa 965.00-Adm 61.25-AR Suite, Apt. #, Etc. 88-75 =ARS&PP State FL

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

REGISTERED AGENT MUST SIGN

Date 6/10/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) -06/26/07-11024--014 ***1123.75 ***1123.75 Name of Officers and/or Directors Street Address of Each Titles Officer and/or Director Pres Donald R. Correa 21248 Turquoise Way John R. Correa 1025 SW 49 Terr. Alyse S. Correa 21248 Turquoise Way Bora Raton, Fl. 33428

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALDR CORPER

Donald R. Correa 21248 Turquoise Way Boca Raton, F1.33428 954-520-9205

June 10,2002

Florida Dept. of State

Uniform Business Report Division of Corporations PO Box 6327 Tallahassee, F1.32314

Re: Donald R. Correa, Inc.

Dear Sirs:

Enclosed please find a check in the amount of \$115.00\$\$.15 (for certificate of status) as I am requesting that you waive the 1996 reinstatement fee as I never recieved the form to refile. This was an oversight of non-payment since we didn't recieve the form in the mail +our accountant who does an audit every year, never brought it to Our attention. We apologize + would like to reinstate our corporation. We would greatly appreciate your consideration in this matter. Attached, please find the form filled out.

Thanking you in advance for your kind cooperation,

Donald R. Correa

President Donald Cars.