PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 25 AM 10: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M21549

1. Corporation Name

D.C.L., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~9400 S. DADELAND BLVD PH1~~<br>~~C/O A. R. L. INC.~~<br>~~MIAMI FL 33156~~ | ~~9400 S. DADELAND BLVD PH1~~<br>~~C/O A. R. L. INC.~~<br>~~MIAMI FL 33156~~ |

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

REINSTATEMENT

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 15105 N.W. 77TH AVE | 15105 N.W. 77TH AVE |
| Suite, Apt. #, etc. 3RD FLOOR | Suite, Apt. #, etc. 3RD FLOOR |
| City & State MIAMI LAKES FL | City & State MIAMI LAKES FL |
| Zip 33014 Country DADE | Zip 33014 Country DADE |

4. Date Incorporated or Qualified To Do Business In Florida: 10/04/1985

5. FEI Number: 59-6564040 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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 |
|---|---|---|---|
| D | LEVINE, DIANNE C | ~~9400 S. DADELAND BLVD., PH 1~~<br>15105 N.W. 77TH AVE 3RD FLOOR | ~~MIAMI FL~~<br>MIAMI LAKES / FL / 33014 |
| VD | LEVINE, STEPHEN | ~~9400 S. DADELAND BLVD., PH 1~~<br>15105 N.W. 77TH AVE. 3RD FLOOR | ~~MIAMI FL~~<br>MIAMI LAKES / FL / 33014 |
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*****383.75 *****383.75

8. Name and Address of Current Registered Agent

LEVINSON, ED. P
407 LINCOLN RD.
PENTHOUSE EAST
MIAMI BCH. FL 33139

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

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 11/22/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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 11/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/96)