


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M30678

1. Corporation Name
 D.C. Warehouse, Inc.

2. Principal Office Address 4300 Catalfumo Way		3. Mailing Office Address 4300 Catalfumo Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33410	Country	Zip 33410	Country

4. Date Incorporated or Qualified To Do Business in Florida
 1/18/86

5. FEI Number
 592723381

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

FILED
 2002 FEB 27 AM 11:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name
 James E. Jacoby, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 4300 Catalfumo Way

Suite, Apt. #, Etc.

City
 Palm Beach Gardens, FL

State
 FL

Zip Code
 33410

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 -02/27/02--01008-007
 ***1261.25 *** 208.75

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 _____ Date 2/26/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Daniel S. Catalfumo	4300 Catalfumo Way	Palm Beach Gardens, FL 33410

REINSTATEMENT 99-02

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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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/26/02 Daytime Phone # 561 894 3000

CR2E081 (9/01)