

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**

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

5. FEI Number
592723381

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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,

State

FL

Zip Code

33410

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

2/26/02

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

G. Coullatte FEB 27 2002

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***1261.25 ***1200.00

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