PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 30 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P00 000075194

REINSTATEMENT 02

1. Corporation Name
D.G.P.L.U.M.M., Inc

2. Principal Office Address
18809 SE Windward Island Way
Suite, Apt. #, etc.
City & State: Jupiter Florida
Zip: 33458 Country: Palm Beach

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/8/2000

5. FEI Number: 65-1035194 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

300008804403
11/05/02--01047--016 **158.75

Name: Frank Garcia
Street Address (P.O. Box Number is Not Acceptable): 18809 SE Windward Island Way
Suite, Apt. #, Etc.
City: Jupiter State: FL Zip Code: 33458

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: Frank Garcia Date: 10-28-02
REGISTERED AGENT MUST SIGN

CR2E045(5/01)

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
Pres	Frank Garcia	18809 SE Windward Island Way	Jupiter Fl 33458
Vice	Frank Garcia		
Sec	Frank Garcia		
Tres	Frank Garcia		

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: Frank Garcia 10/28/02 561-722-8905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 10/30/02