PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -9 AM 8:00

DOCUMENT # ~~N 04000003695~~ P01000726365

1. Corporation Name

DNoche.com, Inc

REINSTATEMENT 02-04 MRS

2. Principal Office Address		**3.** Mailing Office Address	
6919 NW 77 Ave.		6919 NW 77 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33166	Country: USA	Zip: 33166	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: March 9,2001

5. FEI Number: 65-1115434 ☐ 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: Zilka I. Behrens

Street Address (P.O. Box Number is Not Acceptable): 3115 NW 101 Place

200030065722
03/09/04--01029--018 **150.00

Suite, Apt. #, Etc.:

1/23/04 01059 022 *908.75

City: Miami | State: FL | Zip Code: 33172

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: March 3rd, 2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Oliva Fernandez	3115 NW 101 Place	Miami, FL 33172
VP	Cesar E. Behrens	3115 NW 101 Place	Miami, FL 33172
S	Zilka I. Behrens	3115 NW 101 Place	Miami, FL 33172

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: _____ 3/3/04 305-883-0096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #