

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -5 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02-04

100028747937  
02/13/04 - 01044-031  
\$1058.75

DOCUMENT # P01000030384

1. Corporation Name

DCN INTERNATIONAL INC.

2. Principal Office Address

4141 NE 2ND AVENUE

Suite, Apt. #, etc.

203D

City & State

MIAMI, FLORIDA

Zip

33137

Country

U.S.

3. Mailing Office Address

4141 NE 2ND AVENUE

Suite, Apt. #, etc.

203D

City & State

MIAMI, FLORIDA

Zip

33137

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

2001

5. FEI Number

65-1085656

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

SPECEL UTRERA, P.A.

REINSTATEMENT

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

343 ALMEIDA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

*Spejel Utrera*

REGISTERED AGENT MUST SIGN

Date 12.2.04

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
PTSD	ANDRAE FAULKNER	4141 NE 2ND AVENUE	MIAMI, FL. 33137
VPD	EMMANUEL AGBENOHEVI	4141 NE 2ND AVENUE	MIAMI, FL. 33137

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:

*Andrae Faulkner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12.2.04

Daytime Phone #

CFR2081 (10/02)