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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG -3 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 201000112486

1. Corporation Name  
DCM, INC.

5009 79th Street East  
same

2. Principal Office Address 5009 79th Street East		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton, Florida		City & State	
Zip 34203	Country USA	Zip	Country

200039868312  
08/04/04--01048--002 \*\*300.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 010560252	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
David Manning

Street Address (P.O. Box Number is Not Acceptable)  
5009 79th Street East

Suite, Apt. #, Etc.

City  
Bradenton

State  
FL

Zip Code  
34203

REINSTATEMENT 03-04

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 6/14/2004

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
P	David Manning	5009 79th Street East	Bradenton, FL 34203
VP	Carolyn Manning	5009 79th Street East	Bradenton, FL 34203
S	Carolyn Manning	5009 79th Street East	Bradenton, FL 34203
T	Carolyn Manning	5009 79th Street East	Bradenton, FL 34203

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: \_\_\_\_\_ Date 6/14/2004

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

CR2E081 (01/04)

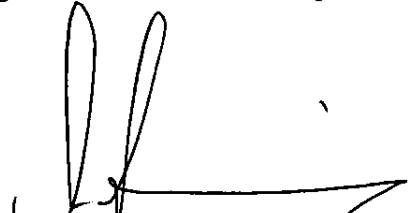
**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF SARASOTA, SS:

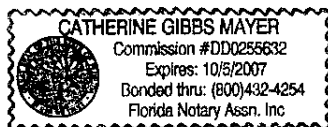
BEFORE ME, the undersigned authority, personally appeared DAVID MANNING who, after being duly sworn, deposes and states as follows:

1. That she is President of DCM, Inc.
2. That unbeknownst to him, the above corporation was administratively dissolved September 19, 2003, and he first found out about the dissolution just recently, when he was told of same by his attorney.
3. That he never received any notice of her obligation to file an annual report.

And further affiant saith not.

  
\_\_\_\_\_  
DAVID MANNING

The foregoing instrument was acknowledged before me this 14<sup>th</sup> day of June, 2004, by DAVID MANNING, who is personally known to me, and did take an oath.



  
\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: