

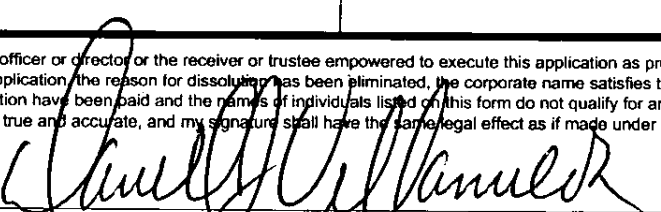


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 JAN 31 PM 2:17 DEPT. OF STATE TALLAHASSEE, FLORIDA 000087197750 02/02/07--01009--027 **458.75 REINSTATEMENT 05-07 CR2E081 (1/07)
DOCUMENT # P02000043151			
1. Corporation Name D.A.N.C. Investment Group, Inc. 3241 S.W 67 AVE Miami, FL 33155			
2. Principal Office Address - No P.O. Box # 3241 S.W 67 AVE		3. Mailing Office Address 3241 S.W 67 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Florida		City & State Miami, Florida	
Zip 33155	Country USA	Zip 33155	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 04-22-2002		5. FEI Number 320010785	
		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Daniel J. Villanueva			
Street Address (P.O. Box Number is Not Acceptable) 3241 S.W 67 AVE			
Suite, Apt. #, Etc.			
City Miami FL		State FL	Zip Code 33155
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 1/30/07	
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
Pres	Daniel J. Villanueva	3241 S.W 67 AVE	Miami, FL 33155
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 contained in Chapter 119, 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 1/30/07 Daytime Phone # 786-210-2650	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			