


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 NOV -5 AM 11:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 102000103549

1. Corporation Name
 DRG Property Management, Inc.

000024610770
 11/12/03--01053--008 **150.00
 000024610770
 11/12/03--01053--007 **8.75

2. Principal Office Address 8530 SW 121 St. Suite, Apt. #, etc.		3. Mailing Office Address PO Box 832468 Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33156	Country USA	Zip 33283	Country USA

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida 09/25/02

5. FEI Number 75-3085747 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
Daniel R. Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
8530 SW 121 Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33156

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 [Signature] Date 11/3/03

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	Daniel R. Gonzalez	8530 SW 121 Street	Miami, FL 33156

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: [Signature] Date 11/3/03

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

CR2E081 (10/02)