

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 30 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105284

1. Corporation Name

DC Real Estate Investments, Inc.

2. Principal Office Address

4842 SW 32nd TER.

Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

Zip

33312

Country

USA

3. Mailing Office Address

3325 GRIFFIN RD.

Suite, Apt. #, etc.

STE. 258

City & State

FT. Lauderdale, FL

Zip

33312

Country

USA

REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/02

5. FEI Number

81-0618377

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

DANA W. Chowen

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

3325 GRIFFIN RD.

Suite, Apt. #, Etc.

STE. 258

City

FT. Lauderdale, FL

State

FL

Zip Code

33312

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

Dana W. Chowen

REGISTERED AGENT MUST SIGN

Date

9/25/03

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.	DANA W. Chowen	4842 SW 32 nd TER.	FT. Lauderdale FL 33312

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:

Dana W. Chowen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/03

Daytime Phone #

954-961-2000