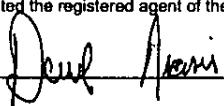


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P04000070300		
1. Corporation Name DNBC ENTERPRISES, INC.		

2. Principal Office Address - No P.O. Box # 1802 N. ALAFAYA TRAIL Suite, Apt. #, etc.		3. Mailing Office Address 1802 N. ALAFAYA TRAIL Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32826	Country US	Zip 32826	Country US

7. Name and Address of Current Registered Agent Name DANIEL NICOSIA Street Address (P.O. Box Number is Not Acceptable) 1802 N. ALAFAYA TRAIL Suite, Apt. #, Etc.			
City ORLANDO		State FL	Zip Code 32826

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 			
REGISTERED AGENT MUST SIGN			Date 03/16/2009

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
CEO	DANIEL NICOSIA	1802 N. ALAFAYA TRAIL	ORLANDO, FL 32826

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2009
Date **Daytime Phone #**

FILED
09 MAR 18 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900146098139
03/18/09--01005--007 **750.00
CR25001 (4/2/07)
REINSTATEMENT *65+09*

4. Date Incorporated or Qualified To Do Business in Florida 4/29/2004
5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

DC 3/18