PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State Division of corporations						FILED 09 MAY -5 PM 12: 04		
DOCUMENT # P0600000012 1. Corporation Name						T	RORETARY OF STATE ELANASSEE PLORIDA	
D N & G ENTERPRISES, INC.								
2. Principal Office Address - No P.O. Box# 3. Mailing				Office Address		300155462913 05/05/0901039013 **1500.00		
7561 NW			7561 NW 16 Street			REINSTATEMENT 07-09		
Suite, Apt. #, etc. 2109).		Suite, Apt. #, etc. 2109			4. Date Incorporated or Qualified		
City & State			City & State					
Plantation,	FL		Plantation, FL			5. FEI Number Applied For Not Applicable		
^{Zip} 33313	Cour U.S	•	^{Zip} 33313	Coun U.S.	•	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
44	7. N	lame and Address of	Current Registered A	gent				
Name Gerard Stewart						☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you		
Street Address (P.O. Box Number is Not Acceptable) 7561 NW 16 Street								
Suite, Apt. #, Et 2109	tc.					are certifying the prior notices were not received and requesting the reinstatement		
City Plantation					^{Zip Code} 33313	fee be waived.		
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 4/30/2009 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	
D Ge	erard Stewa	art	756	7561 NW 16 Street, Unit 2109		109	Plantation, FL 33313	
D De	Derrick Baker 7561 NW 16 Street, Unit 2					09	Plantation, FL 33313	
D Ne	Neil Gaynor			7561 NW 16 Street, Unit 2109		109	Plantation, FL 33313	
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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 filling 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 Date Daytime Phone #								

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