CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060430

1. Corporation Name

DGMG, Inc.
7481 W. Oakland Park Blvd.
Suite 305
Lauderhill, FL 33319

2. Principal Office Address: 7481 West Oakland Park Blvd.
Suite, Apt. #, etc.: Suite 305
City & State: Lauderhill, FL
Zip: 33319
Country: Broward

3. Mailing Office Address: Same
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

REINSTATEMENT 97-00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0507859 — ✓ Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. **Name and Address of Current Registered Agent**

Name: David R. Goldberg
Street Address (P.O. Box Number is Not Acceptable): 7481 West Oakland Park Boulevard
Suite, Apt. #, Etc.: Suite 305
City: Lauderhill
State: FL
Zip Code: 33319

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]
REGISTERED AGENT MUST SIGN
Date: 3-29-2000

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
Director	David R. Goldberg	7481 W. Oakland Pk., Blvd. Suite 305	Lauderhill, FL 33319
Director	Mort Gregg	1491 N.E. 130th Street	N. Miami, Florida
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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 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] 3-29-2000 954 748-5450

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