




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 DEC 30 AM 10:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>9949000019492</u>					
1. Corporation Name <u>DNE INVESTMENTS, INC</u>					
<u>7119 BEECH RIDGE TRAIL</u>					
<u>TALLAHASSEE, FL 32312</u>					
Principal Place of Business			Mailing Address		
<u>7119 BEECH RIDGE TRAIL</u>					
<u>TALLAHASSEE, FL 32312</u>					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3/14/94	
City & State		City & State		5. FEI Number	
Zip		Country		59-3249696	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	BETTY M DRIVER	2971 GOLDEN EAGLE DRIVE	TALLAHASSEE, FL 32312		
VP'S	WILLIAM N NICKAS	7119 BEECH RIDGE TRAIL	TALLAHASSEE, FL 32312		
T	MARIO ECHAGARRUA	21467 WOODCHUCK COURT	BOCA RATON, FL 33428		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
WILLIAM N NICKAS			Name		
7119 BEECH RIDGE TRAIL			Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE, FL 32312			7119 BEECH RIDGE TRAIL		
			Suite, Apt. #, Etc.		
			City		
			TALLAHASSEE		
			State		
			FL		
			Zip Code		
			32312		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent		REGISTERED AGENT MUST SIGN		Date	
				12/1/97	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: 			12/1/97 893-6446		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
WILLIAM N NICKAS			Daytime Phone #		

CR2E040 (12/95)