

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000040472			
1. Corporation Name D.T.T.W., INC.			
2. Principal Office Address 1600 S.E. 17TH. ST.		3. Mailing Office Address 301 W.CAMINO GARDENS BLVD.	
Suite, Apt. #, etc. SUITE 306		Suite, Apt. #, etc. SUITE 101	
City & State FORT LAUDERDALE, FL		City & State BOCA RATON, FL	
Zip 33316	Country	Zip 33432	Country

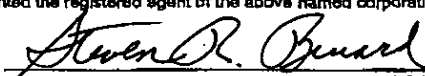
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT** 01-02

4. Date Incorporated or Qualified To Do Business In Florida		MAY 25, 1994
5. FEI Number 65-0498 145	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 BERRARD STEVEN		
Street Address (P.O. Box Number is Not Acceptable) 1600 S.E. 17TH ST.		
Suite, Apt. #, Etc. SUITE 306		
City FORT LAUDERDALE	State FL	Zip Code 33316

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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 5/6/02
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
VPT	STILES, TERRY W.	300 S.E. 2ND ST.	FT.LAUDERDALE, FL 33301
PS	BERRARD, STEVEN	1600 SE 17TH ST, SUITE 306	FT.LAUDERDALE, FL 33316

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:  **5/6/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

75 5/14/02