

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

13-2

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 NOV 12 AM 11:21

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT #**

P94000069599

DCR ACQUISITION SUB, INC.  
16255 N.W. 54 Avenue  
Miami, Florida 33014

**REINSTATEMENT**

2. If Address in Block 1 is incorrect or change, enter the correct address below:

Address

8505 N.W. 74 Street

City and State

Miami, Florida 33166

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address:

8505 N.W. 74 Street

City and State

Miami, Florida 33166

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida  
09/21/1994

5. FEI Number  
65-0565639

FEI Number Applied For  
FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**  
CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P/ CEO	Donald Engle	8505 N.W. 74 Street	Miami, Florida 33166
S/CFO	Brad Hacker	8505 N.W. 74 Street	Miami, Florida 33166

**REGISTERED AGENT INFORMATION**

8 Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, Florida 32301

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL

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

*Karen B. Rozar*

REGISTERED AGENT MUST SIGN

Karen B. Rozar, Asst. Sec.

Corporation Service Company

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

13. 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., and that all fees owed by the Corporation have been paid. 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 of Officer or Director

*Brad Hacker*

Date 11/11/98

Daytime Phone #

305/597-0243

Typed or printed name of signing officer or director

Brad Hacker, Secretary

*AD*



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ACCOUNT NO. : 072100000032

REFERENCE : 029556 4303929

AUTHORIZATION :

COST LIMIT : \$ 750.00 *Patricia Pizot*

ORDER DATE : November 12, 1998

ORDER TIME : 9:52 AM

ORDER NO. : 029556-015

CUSTOMER NO: 4303929

CUSTOMER: Ms. Sheryl C. Vainstein  
Greenberg Traurig  
1221 Brickell Avenue  
20th Floor  
Miami, FL 33131

DOMESTIC FILINGS

RECEIVED  
NOV 12 AM 10:38  
DIVISION OF CORPORATION

NAME: DCR ACQUISITION SUB, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX (2) PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS \_\_\_\_\_