

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000007319**

1. Corporation Name
D. C. C. COMPANY OF CENTRAL FLORIDA

Principal Place of Business
**1771 TIPPICANOE TRAIL
MAITLAND FL 32751**

Mailing Address
**1771 TIPPICANOE TRAIL
MAITLAND FL 32751**

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.		01/23/1995	
City & State		City & State		5. FEI Number	
Zip		Country		593292289	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED
97 JAN 15 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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	DRISCOLL, PAMELA M	1771 TIPPICANOE TRAIL	MAITLAND FL 32751
V.P.	DRISCOLL, GERARDE	1771 TIPPICANOE TRAIL	MAITLAND FL 32751
			200002062452 -01/17/97--01113--01113 ***923.75 ***923.75
			REINSTATEMENT 9/0-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HEINKEL, R. LAWRENCE 201 W. CANTON AVE. SUITE 150 WINTER PARK FL 32789		Name: GERARDE DRISCOLL Street Address (P.O. Box Number is Not Acceptable): 1771 TIPPICANOE TRAIL Suite, Apt. #, Etc.: City: MAITLAND State: FL Zip Code: 32751	

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: _____ Date: 1/13/97

REGISTERED AGENT MUST SIGN

11. 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.)

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: _____ Date: 1/13/97 Daytime Phone #: (817) 644-9158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)