APPLICATION FOR REINSTATEMENT	ALL INSTRUCTIONS FLORIDA DEPARTME Sandra B. Mo Secretary of S DIVISION OF CORPO	NT OF STATE rtham State RATIONS	APPROVEC AND FILED
	0011678		NOV 23 PM 12: 17 CRETARY OF STATE AHASSEE, FLORIDA
DoCo CAPITAL GOOD TAC Principal Place of Business Mailing Address			
2700 North 29th Ave Suite 305			-1
If above addresses an 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			STATEMENT OF A
Suite, Apt. #, etc.	Suite, Apt. #, etc.		siness in Florida
City & State	City & State	65-	OG92111 Not Applicable
7. Names and Street Addresses of Each Officer and/	Zip Countr	CERTIFICA	ATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name of Officers Stre		eet Address of Each ficer and/or Director e Post Office Box Numbers)	City / State / Zip
D BAKER, MARC L	2966 N.W. 91ST		CORAL SPRINGS FL 33065
D Zemsky, Douglas B 2700 N 29th Ave Ste305 Holly wood FC 33020			
			-12/03/9801009005 _ +***900.00 ****900.00_
			181-25-08
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent			<u> </u>
BAKER, MARC L 2966 N.W. 91ST AVENUE		Name DouglAS B Zemsku Street Address (20. Box Number is Not Acceptable) Suite Act # Etc.	
		City State Zip Code	
10. I, being appointed the registered agent of the bove named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 filling 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 mix signature shall have the same legal effect as if made under oath.			
SIGNATURE SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			