

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 NOV 23 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **P96000011678**

DC CAPITAL GROUP INC

Principal Place of Business Mailing Address

**2700 North 29th Ave
Suite 305
Hollywood FL 33020**

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **2/11/96**

5. FEI Number **65-0642111** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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 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	BAKER, MARC L	2966 N.W. 91ST AVENUE	CORAL SPRINGS FL 33065
D	Zemsky, Douglas B	2700 N 29th Ave Ste 305	Hollywood FL 33020

600002701106--7
-12/03/98--01009--005
****300.00 ****300.00

[Signature]

8. Name and Address of Current Registered Agent

BAKER, MARC L
2966 N.W. 91ST AVENUE
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name **Douglas B Zemsky**
Street Address (E.O. Box Number is Not Acceptable) **2700 N 29th Ave**
Suite, Apt. #, Etc. **SUITE 305**
City **Hollywood** State **FL** Zip Code **33020**

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 **[Signature]** **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date **11/17/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(f), 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: **[Signature]** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/98
Date

954-923-4438
Daytime Phone #

CR2E040 (9/98)