


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 15 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000019006

1. Corporation Name

D.C. Ventures, Incorporated

2. Principal Office Address

2675 NE 188th St.

Suite, Apt. #, etc.

3. Mailing Office Address

19433 38 Ct.

Suite, Apt. #, etc.

City & State

NO. Miami Beach, Fla.

Zip

33179

Country

USA.

City & State

Sunny Isles Beach, Fla.

Zip

33160

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

65-0671734

☒ 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

Drew Wolf

Street Address (P.O. Box Number is Not Acceptable)

19433 38th Ct.

Suite, Apt. #, Etc.

City

Sunny Isles Beach

300004792383-1

01/23/02 01078-009

***1508.75 ***1508.75

State

FL

Zip Code

33160

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

Drew Wolf

REGISTERED AGENT MUST SIGN

Date 1/12/02

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
Vice Pres.	MARY Freeman	10350 NW 17 th Pl.	Plantation, Fla. 33322
Pres.	Drew Wolf	19433 38 th Ct.	Sunny Isles Beach, Fla. 33160
Secretary	Gretchen K. Wolf	19433 38 th Ct.	Sunny Isles Beach Fla 33160

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:

Drew Wolf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02

Date

1305-5228145

Daytime Phone #

CR2E081 (9/01)