


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  04 APR 23 AM 11:47  SECRETARY OF STATE TALLAHASSEE, FLORIDA																												
<b>DOCUMENT #</b> <u>P96000019006.</u>																															
<b>1. Corporation Name</b> <u>D.C. Ventures.</u>																															
<b>2. Principal Office Address</b> <u>19433 38<sup>th</sup> Ct.</u> <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> <u>19433 38<sup>th</sup> Ct.</u> <small>Suite, Apt. #, etc.</small>																													
<b>City &amp; State</b> <u>Sunny Isles Beach, Florida</u>		<b>City &amp; State</b> <u>Sunny Isles Beach, Florida</u>																													
<b>Zip</b> <u>33160</u>	<b>Country</b> <u>USA</u>	<b>Zip</b> <u>33160</u>	<b>Country</b> <u>USA</u>																												
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>1996</u>		<b>5. FEI Number</b> <u>65-0671734</u>																													
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>7. Name and Address of Current Registered Agent</b>																													
<b>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.</b>		<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>																													
<b>Signature of Registered Agent</b> <u>Drew Wolf</u> <small>REGISTERED AGENT MUST SIGN</small>		<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 40%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 20%;">City / State / Zip</th></tr></thead><tbody><tr><td><u>Pres.</u></td><td><u>Mary Freeman</u></td><td><u>103 50 NW 17<sup>th</sup> Pl.</u></td><td><u>Plantation, Fla. 33322</u></td></tr><tr><td><u>Vice Pres.</u></td><td><u>Drew Wolf</u></td><td><u>19433 38<sup>th</sup> Ct.</u></td><td><u>Sunny Isles Beach, Fla 33160</u></td></tr><tr><td><u>Sec.</u></td><td><u>Grechen Wolf</u></td><td><u>19433 38<sup>th</sup> Ct.</u></td><td><u>Sunny Isles Beach, Fla 33160</u></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	<u>Pres.</u>	<u>Mary Freeman</u>	<u>103 50 NW 17<sup>th</sup> Pl.</u>	<u>Plantation, Fla. 33322</u>	<u>Vice Pres.</u>	<u>Drew Wolf</u>	<u>19433 38<sup>th</sup> Ct.</u>	<u>Sunny Isles Beach, Fla 33160</u>	<u>Sec.</u>	<u>Grechen Wolf</u>	<u>19433 38<sup>th</sup> Ct.</u>	<u>Sunny Isles Beach, Fla 33160</u>												
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<b>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.</b>		<b>11. Additional Fee required for a Certificate of Status</b> <u>\$375</u>																													
<b>SIGNATURE:</b> <u>Drew Wolf</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Date</b> <u>4/21/04</u> <b>Daytime Phone #</b> <u>305-522-8145</u>																													

CR2E081 (10/02)

## **D.C. VENTURES**

4/21/04

To Whom it may concern, (Katrina)

Persuant to our phone conversation enclosed is a check in the amount of \$300.00. Our reinstatement applications were never received. Our zip code is the same as Golden Beach, Florida and a lot of our mail is not received. I assume the attached will complete the reinstatement process. If you need to contact me please call me at 305 522 5145

Thankyou, for your cooperation,

Dewey, Registered Agent