

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000019006

1. Entity Name
D.C. VENTURES, INCORPORATED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 26 AM 11:09

Principal Place of Business
19433 38TH CT
SUNNY ISLES BEACH, FL 33160

Mailing Address
19433 38TH CT
SUNNY ISLES BEACH, FL 33160



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11052007 REIN-P CR2E098 (1/07)

4. FEI Number
65-0671734

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLF, DREW
19433 38TH CT
SUNNY ISLES BEACH, FL 33160

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/5/07

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME FREEMAN, MARY
STREET ADDRESS 10350 N.W. 17TH PLACE
CITY - ST - ZIP PLANTATION, FL 33322

TITLE VP ☐ Delete
NAME WOLF, DREW
STREET ADDRESS 19433 38 CT
CITY - ST - ZIP SUNNY ISLES BEACH, FL 33160

TITLE S ☐ Delete
NAME WOLF, GRETCHEN K
STREET ADDRESS 19433 38 CT
CITY - ST - ZIP SUNNY ISLES BEACH, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/07

Date

305 528 8145

Daytime Phone #