

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000071387788 CORP.

1. Corporation Name

DCL INVESTMENTS CORP.

2. Principal Office Address

Two South Biscayne Blvd.

3. Mailing Office Address

Two South Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1616

Suite, Apt. #, etc.

Suite 1616

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number 65-0780390

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

Didier Choukroun

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

Two South Biscayne Blvd.,

Suite, Apt. #, Etc.

Suite 1616

City

Miami

State

FL

Zip Code

33131

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**

Didier Choukroun

Date November 9, 2001

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| D | Didier Choukroun | Two Biscayne Blvd, Ste. 1616 | Miami, FL 33131 |
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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: Didier Choukroun, Director

Nov. 9, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
01-NOV-29-PM 3:07
SECRETARY OF STATE
TALLAHASSEE-FLORIDA

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****750.00 ****750.00

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