


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

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

DOCUMENT # P97000071387788 CORP.

1. Corporation Name
 DCL INVESTMENTS CORP.

000004716670--7
 -12/10/01--01080--011
 ****750.00 ****750.00
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2. Principal Office Address Two South Biscayne Blvd. Suite, Apt. #, etc. Suite 1616 City & State Miami, FL Zip 33131 Country U.S.A.		3. Mailing Office Address Two South Biscayne Blvd. Suite, Apt. #, etc. Suite 1616 City & State Miami, FL Zip 33131 Country U.S.A.	
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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

Didier Choukroun
 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

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)(l), 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.

Didier Choukroun
SIGNATURE: Didier Choukroun, Director Date: Nov. 9, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (9/00)