


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 OCT 19 PM 6:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P98008024311</u>					
1. Corporation Name <u>The D.C. INVESTMENT GROUP, INC.</u>					
Principal Place of Business			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <u>6104 BRIGHT WATERS CT.</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <u>P.O. Box 5131</u> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <u>April 29, 1998</u>	
City & State <u>SPRING HILL, FLORIDA</u> Zip <u>34607</u> Country <u>USA</u>		City & State <u>SPRING HILL, FLORIDA</u> Zip <u>34611-5131</u> Country <u>USA</u>		5. FEI Number <u>59-3528708</u> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	1	2	3	4	
	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zip	
<u>P/S</u>	<u>DONNA BASTIEN</u>	<u>6104 BRIGHT WATERS CT.</u>		<u>SPRING HILL, FL 34607</u>	
<u>V/T</u>	<u>CHRISTOPHER BASTIEN</u>	<u>6104 BRIGHT WATERS CT.</u>		<u>SPRING HILL, FL 34607</u>	
				<u>800003043428--B</u> <u>-11/12/99--01120--015</u> <u>****750.00 ****750.00</u>	
				<u>REINSTATEMENT 99</u> <u>TS</u>	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Name <u>DONNA BASTIEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>6104 BRIGHT WATERS COURT</u> Suite, Apt. #, Etc.			Name <u>DONNA BASTIEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>6104 BRIGHT WATERS COURT</u> Suite, Apt. #, Etc.		
City <u>SPRING HILL</u>			State <u>FL</u> Zip Code <u>34607</u>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent <u>[Signature]</u> REGISTERED AGENT MUST SIGN			Date <u>10/14/99</u>		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: <u>[Signature]</u> <u>DONNA BASTIEN, President</u> <u>10/14/99</u> <u>352-596-4747</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CP20001 (12/98)