	PLEA	SE READ A	ALL INSTRU	UCTIONS	BEFORE C	COMPLETI	NG II	HIS FORM.			
CORPORATION REINSTATEMENT			Kat Sec	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED 01 0CT 12 PM 2: 26				
DOCUMENT # P980000 53775					SLOREDARY OF STATE TALLAHASSEE, FLORIDA						
•	DCA ENTI	PRPRISES, 1	Wc,								
	Office Address B. MICH1	GAN STREET	3. Mailing Office Address /S/3 E. MICHIGAN STREET			REINSTATEMENT					
uite, Apt. #,	, etc		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 6/16/1998						
City & State ORL, Ip	ANDO FL		City & State OLLANDO, FL Zip Country			5. FEI Number 59-35/8399 Applied For Not Applicable					
# 32a		OKANGE	3280		ORANGE	6. CERTIFICATE	OF STATE			onal Fee required icate of Status	
3. I, being Signature of Registered A	Street Address (P. Suite, Apt. #, Etc. City Outline appointed the register	O. Box Number is No	e nameti corporati	5/3 <u>E.</u> MI	CHISAN ST	LEET	State FL on 607.05	Zip Code 32 d 05 or 617.0503, F.S			
9. Names	and Street Addresse	s of Each Officer and	/or Director (Florid	a nonprofit corpor	ations must list at l	east 3 directors)					
Titles	Titles Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip				
DP	COLON, H	ECTOR R.	1513 E. MICHIGAN			STREET	ORI	LANDO, FL	32	806	
						2 100 100 100 100 100 100 100 100 100 10	100	00464 -10/23/01- ****750.0		⊇⊖ (8 14021 •**750.00	
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this rein	that I am an officer or instatement application by the corporation has application is true and TURE:	n, the reason for disse been paid and the discourage, and my a	plution has been el pames of individual	iminated, the corp is listed on this for the same legal ef	orate name satisfiern do not qualify for fect as if made und	es the requirements r an exemption und	of section	n 607.0401 or 617.0 i 119.07(3)(i), F.S. T	401, F.S. he inform	that all fees	