

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000063621

1. Corporation Name DEVELOPMENT 2000 ENTERPRISE GROUP, INC.

Principal Place of Business 7191 WEST 24TH AVENUE HIALEAH FL 33016 Mailing Address 7191 WEST 24TH AVENUE HIALEAH FL 33016



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 8500 SW 8th St. Suite, Apt. #, etc. #240 City & State MIAMI FL. Zip 33144 Country USA 3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country 4. Date Incorporated or Qualified To Do Business in Florida 07/20/1998 5. FEI Number 65-0930602 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes handwritten entries for HERNANDEZ, J.C. and multiple 'REINSTATEMENT 99 TS' stamps.

8. Name and Address of Current Registered Agent

HERNANDEZ, JUAN C 7191 WEST 24TH AVENUE HIALEAH FL 33016

9. Name and Address of New Registered Agent

Name HERNANDEZ, JUAN C Street Address (P.O. Box Number is Not Acceptable) 8500 SW 8th St. Suite, Apt. #, Etc. #240 City MIAMI State FL Zip Code 33144

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 REGISTERED AGENT MUST SIGN

Date 12/13/99

11. 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: SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/13/99 Daytime Phone #