PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION ' REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 03 APR 25 AM 10: 25
1. Corporation Name DCJ 9311	000068131 LTQUORS INC 1 Dunhill Drive amar, Florida 33025	SECKETARY UP STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 9311 Dunhill Drive	3. Mailing Office Address	600017336866 04/30/0301003002 **450.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State Miramar, FL	City & State	5. FEI Number Applied For
Zip 33025 · Country USA	Zip Country	65-0863353 Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Register	ed Agent
DERRICK C. JACKSON Street Address (P.O. Box Number is Not Acceptable) 101 Northeast 146 Street Suite, Apt. #, Etc. City Miami State Zip Code 33161		
8. I, being appointed the registered agent of the Signature of Registered Agent	above named corporation, am familiar with and accept the ob REGISTERED AGENT MUST SIGN	bligations of section 607.0505 or 617.0503, F.S. Date 4/4/02
9. Names and Street Addresses of Each Officer	and/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Direct	ors Street Address of Each Officer and/or Director	
PVD Derrick C. Jack	kson 1010N.E. 146 Str	ceet Miami, FL 33161
		100013542801 03/05/0301031009 **450 00
10. I certify that I am an officer or director or the re	aceiver or trustee empowered to execute this application as p	provided for in chapter 607 or 617, F.S. I further certify that when filling
owed by the corporation have been paid and t	dissolution has been eliminated, the corporate name satisfies the names of individuals listed on this form do not qualify for a sy signature shall have the same legal effect as if made under the same legal effect	the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated r oath. Date Daytime Phone #

Mr. Derrick C. Jackson 101 Northeast 146th Street Miami, Florida 33161

April 4, 2002

Florida Department of State Secretary of State Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Re: Document No. P98000068131 DCJ Liquors, Inc.

To whom it may concern:

Please accept this letter as a written request for abatement of the penalty for reinstatement of the above referenced corporation, on the basis that the principal address of the corporation was previously 1622 N.W. 62^{nd} Street, Miami, FL 33147, which was the address of my prior accountant, who was to have change the address of the corporation to 9311 Dunhill Drive, Miramar, FL 33025. Since that accountant had been dismissed by me, the Uniform Business Report was never forwarded to me by him to the new address of 9311 Dunhill Drive, Miramar, FL 33025.

Unfortunately, since the Uniform Business Report was never forwarded to me, the same was never completed and filed with your office. I have enclosed herewith my with postal money order for \$150 for the annual fees for last year for the corporation and, would appreciate the abatement of the penalty above referenced.

Very truly yours,

DERRICK C. JACKSON

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Mr. Derrick C. Jackson 101 Northeast 146th Street Miami, Florida 33161

April 14, 2003

Attn: Marquita Williams
Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document No. P98000068131

DCJ Liquors, Inc.

To whom it may concern:

As per your request, we are returning all of the original documents for abatement of penalty and the letter dated February 12, 2003 stating your acceptance of the abatement and the \$450 payment needed to bring the above corporation status to current.

If you need any additional information, please feel free to contact my bookkeeper, Pat Williams at (954) 450-4913 or myself at (305) 691-6361.

We appreciate all your assistance in resolving this matter.

Very truly yours,

DERRICK C. JACKSON

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