PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 10 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # D98000071812

1. Corporation Name
DCM REAL ESTATE INVESTMENTS, INC

200023643292
10/8/03-101031-014 $750.00

Principal Office Address		**3.** Mailing Office Address	
1841 SW 112 TR		12289 Pembroke Rd #3	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		#3	
City & State		City & State	
Miramar FLA		Pembroke Pines FLA	
Zip	Country	Zip	Country
33025	USA	33025	USA

4. Date Incorporated or Qualified To Do Business in Florida: AUG. 1998

5. FEI Number: 65-0857774 ☐ 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

REINSTATEMENT 03

Name: Dinorah Perry

Street Address (P.O. Box Number is Not Acceptable): 1841 SW 112 TR

Suite, Apt. #, Etc.:

City: Miramar | State: FL | Zip Code: 33025

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 _____ Date 10/10/03

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
Pres.	Dinorah Perry	1841 SW 112 TR	Miramar FL 33025

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)(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: _____ 10/6/03 305-904-8565

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