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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 MAR 20 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000005095

1. Corporation Name

D. C. Business Co.

2. Principal Office Address	3. Mailing Office Address
2211 NE 164th St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami Beach, Fl	City & State
Zip: 33160 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01-19-1999

5. FEI Number: Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: DENIS CARDOZO

Street Address (P.O. Box Number is Not Acceptable): 2211 NE 164th Street

Suite, Apt. #, Etc.

City: North Miami Beach | State: FL | Zip Code: 33160.

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: Denis Cardozo — Date: 3-19-03

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
PSTD	DENIS CARDOZO	2211 NE 164th Street	North Miami Beach, Fl 33160.
		REINSTATEMENT 00-03	

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., if 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: Denis Cardozo — Denis Cardozo — 3-20-03

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

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

D. C. BUSINESS CO.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,200.00