

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 AM 11:22

DOCUMENT # 99000037445

1. Corporation Name

DCU Enterprises, Inc

2. Principal Office Address

5030 champion Blvd

Suite, Apt. #, etc.

Boca Raton FL

City & State

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33496

Country

USA.

Zip

Country

300004661593--3

-10/31/01--01080--009

****150.00 ****150.00

4. Date Incorporated or Qualified
To Do Business in Florida

April 21, 1999

5. FEI Number

65-0927950

Applied For

99000037445

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

Name

Reuben Ungar

Street Address (P.O. Box Number is Not Acceptable)

5030 champion Blvd

Suite, Apt. #, Etc.

6-214

City

Boca Raton

State

FL

Zip Code

33496

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

REGISTERED AGENT MUST SIGN

Date 10-16-01

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	Douglas Ungar	5030 champion Blvd	Boca Raton FL.
			33496

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

Date

10-16-01 9545295177

Daytime Phone #

CR2E081 (9/00)

Douglas Ungar
5030 Champion Blvd
Boca Raton, FL 33496

October 16, 2001

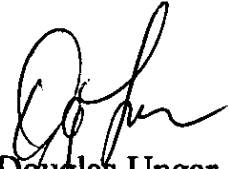
Florida Department of Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Madam or Sir,

After speaking with someone from your office, I was informed that my corporation was dissolved on September 21, 2001.

I informed this person that I never received any documentation in the mail or otherwise regarding my company's annual fee or of any letter stating that my company was dissolved. This person told me to write a letter explaining my circumstances and she also told me to send a check for \$150.00, which is enclosed with this letter.

Thank you very much.



Douglas Ungar
954-529-5177
maybeungar@msn.com