

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037445

1. Corporation Name

D.C.U. Enterprises Inc.

300009148503  
11/21/02--01052--008 \*\*150.00

2. Principal Office Address

5030 Champion Blvd  
Suite 614

Boca Raton FL

City & State

FL

Zip

33496

Country

USA

3. Mailing Office Address

5030 Champion Blvd

Suite, Apt. #, etc.

Suite

Boca Raton 66-214

City & State

FL

Zip

33496

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

APR. 21 1999

5. FEI Number

65-0927950

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

Name

Douglas Ungar

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

5030 Champion Blvd

Suite, Apt. #, Etc.

Boca Raton Suite 66-214

City

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 11-3-02

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

11-3-02 3406434149

Date

Daytime Phone #

CR2E081 (9/00)

# DCU Enterprises Inc

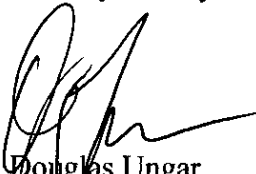
November 3, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I have not received anything from your office for the renewal of my company DCU Enterprises Inc. Document # P99000037445. Please find a check enclosed in the amount of \$150.00. After speaking to someone from the division of corporations, I was informed that I must send this letter in order to have my corporation active. I'm only 30 days late.

Thank you for your time.



Douglas Ungar  
President