

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

03 JAN 28 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037445

1. Corporation Name

D.C.U Enterprises Inc.

2. Principal Office Address

5030 Champion Blvd.  
Suite, Apt. #, etc.

3. Mailing Office Address

5030 Champion Blvd.  
Suite, Apt. #, etc.

BOCA RATON FL.

BOCA RATON

City & State

City & State

FL.

FL

Zip

Country

Zip

Country

33496 USA

USA

33496

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

\$9.75 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 FL. Suite G-6-214

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1-20-03

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03

Date

3406434149

Daytime Phone #

CR2E081 (9/00)