


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

**FILED**  
 01-NOV-29-PM 3:07  
 SECRETARY OF STATE  
 TALLAHASSEE-FLORIDA

**DOCUMENT #** P97000071387788 CORP.

**1. Corporation Name**  
 DCL INVESTMENTS CORP.

000004716670--7  
 -12/10/01--01080--011  
 \*\*\*\*750.00 \*\*\*\*750.00  
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<b>2. Principal Office Address</b> Two South Biscayne Blvd. Suite, Apt. #, etc. Suite 1616 City & State Miami, FL Zip 33131		<b>3. Mailing Office Address</b> Two South Biscayne Blvd. Suite, Apt. #, etc. Suite 1616 City & State Miami, FL Zip 33131	
Country U.S.A.		Country U.S.A.	

**4. Date Incorporated or Qualified To Do Business in Florida**

<b>5. FEI Number</b> 65-0780390	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  
Didier Choukroun

Street Address (P.O. Box Number is Not Acceptable)  
Two South Biscayne Blvd.,

Suite, Apt. #, Etc.  
Suite 1616

City  
Miami

State  
**FL**

Zip Code  
33131

**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 Didier Choukroun *Didier Choukroun* Date November 9, 2001  
 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
D	Didier Choukroun	Two Biscayne Blvd, Ste. 1616	Miami, FL 33131

**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)(l), 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.**

*Didier Choukroun*  
**SIGNATURE:** Didier Choukroun, Director Date Nov. 9, 2001  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (9/00)