

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED

00 FEB 11 PM 3:23

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **697873**

1. Corporation Name  
**DAGPETE, INC.**

**WUD-2012**

*[Handwritten initials]*

Principal Place of Business  
 1450 E. 11th Ave.  
 Hialeah, FL 33010

Mailing Address

**REINSTATEMENT 85-00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida  
**Sep. 3, 1984**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
**59-2244031** Applied For  Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Zip Country Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Pedro Lemus	531 NW 136th Ave.	Miami, FL 33182
S	Rosario Lemus	531 NW 136th Ave	Miami, FL 33182

~~100003172671 3~~  
~~-03/16/00 -01063--002~~  
~~\*\*\*2378.75 \*\*\*2378.75~~

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Pedro Lemus**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~531 NW 136th Ave.~~  
 Suite, Apt. #, Etc.  
 City **Miami** State **FL** Zip Code **33182**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Pedro Lemus*  
 REGISTERED AGENT MUST SIGN

Date **2-11-00**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: *Pedro Lemus*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/7/99** (305-8050480)  
 Date Daytime Phone #

CR2E081 (12/98)