


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 APR 20 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 855239 1. Entity Name DAVIMARY, INC.	
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Principal Place of Business 2520 SW 22ND STREET #2-261 MIAMI, FL 33145 US	Mailing Address 2520 SW 22ND STREET #2-261 MIAMI, FL 33145 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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REINSTATEMENT

08-09

4. FEI Number 98-0062387	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EVANS, LAWRENCE S. 4161 WOODRIDGE ROAD MIAMI, FL 33133
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUNES DIAS, DAVID JOSE <input type="checkbox"/> Delete 6281 SW 25TH ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAS DE NUNES, MARIA MANUELA <input type="checkbox"/> Delete 6281 SW 25TH ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUNES DIAS, MARIVEL RUTH <input type="checkbox"/> Delete 6281 SW 25TH ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NUNES DIAS, VICTOR SAMUEL <input type="checkbox"/> Delete 6281 SW 25TH ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EVANS, LAWRENCE S <input type="checkbox"/> Delete 4161 WOODRIDGE RD. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> 500151479575 04/21/09--01024--014 **300.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 2em;"> 4/14/22 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURENCE S. EVANS 4/14/09 305 285 5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #