PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 OCT 28 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L87954

1. Corporation Name
O.C. AND SONS, INC.

2. Principal Office Address	3. Mailing Office Address
19355 TURNBERRY WAY	19355 TURNBERRY WAY
Suite, Apt. #, etc.: UNIT 11L	Suite, Apt. #, etc.: UNIT 11L
City & State: AVENTURA, FLORIDA	City & State: AVENTURA, FLORIDA
Zip: 33180 Country: US	Zip: 33180 Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650209611

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: ALVARO CASTILLO B., P.A.

Street Address (P.O. Box Number is Not Acceptable): 1390 BRICKELL AVENUE

Suite, Apt. #, Etc.: SUITE 200

REINSTATEMENT

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: _____ Date: 10-25-04

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DAVID CABABIE	19355 TURNBERRY WAY, UNIT 11L	AVENTURA, FLORIDA 33180
VDST	CELIA M. DE CABABIE	19355 TURNBERRY WAY, UNIT 11L	AVENTURA, FLORIDA 33180
VP	ELIAS CABABIE MIZRAHI	19355 TURNBERRY WAY, UNIT 11L	AVENTURA, FLORIDA 33180
VP	ISAAC CABABIE MIZRAHI	19355 TURNBERRY WAY, UNIT 11L	AVENTURA, FLORIDA 33180
VP	GABRIEL CABABIE MIZRAHI	19355 TURNBERRY WAY, UNIT 11L	AVENTURA, FLORIDA 33180

100042637521
11/12/04--01058--011 **1958.75

10. I certify that the 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 607.1006 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of the officers 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: David Cababie 10-25-04 (305) 871-5540

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

Charter Number Only

10/27/04

Alvaro Castillo

Requestor's Name

Address

City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

D.C. and Sons, Inc.

RECEIVED
04 OCT 28 AM 10:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies (X) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier