

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 17 AM 8:00

DOCUMENT # P01000055661

1. Corporation Name

DACAR PROPERTIES CORP.

2. Principal Office Address

19111 Collins Ave.

Suite, Apt. #, etc.

Apt. # 705

City & State

Sunny Isles Beach
FL 33160

Zip

33160

Country

3. Mailing Office Address

19111 Collins Ave.

Suite, Apt. #, etc.

Apt. # 705

City & State

Sunny Isles Beach
FL 33160

Zip

33160

Country

REINSTATEMENT

02-03

400023141324

09/17/03--01054--005 ***900.00

**4. Date Incorporated or Qualified -
To Do Business In Florida**

5. FEI Number

X

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

PENJOS BAHIE

Street Address (P.O. Box Number is Not Acceptable)

19111 Collins Ave.,

Suite, Apt. #, Etc.

Apt. # 705

City

Sunny Isles Beach

State

FL

Zip Code

33160

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

Penjos Bahie

Date 9-4-03

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	PENJOS BAHIE	19111 Collins Ave. #705	Sunny Isles Beach FL, 33160

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)(f), 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:

Penjos Bahie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-04-03

Date

(305) 788-3067

Daytime Phone #

CR2E081 (10/02)