

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

04 JAN -5 AM 8:00

DOCUMENT # **P01000080507**

1. Corporation Name
DARYET & DAVIS COMPANY

2. Principal Office Address
15995 COLLINS AVE

3. Mailing Office Address
15995 COLLINS AVE

Suite, Apt. #, etc.
B-200

Suite, Apt. #, etc.
B-200

City & State
SUNNY ISLES, FL

City & State
SUNNY ISLES, FL

Zip Country
33160 USA

Zip Country
33160 USA

4. Date Incorporated or Qualified
To Do Business in Florida **08/15/2001**

5. FEI Number
651132456

Applied For
Not Applicable

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

REINSTATEMENT 03-04

400025068374
01/05/04--01014--001 **300.00

MRB

7. Name and Address of Current Registered Agent

Name **CARLOS D GAIER**

Street Address (P.O. Box Number is Not Acceptable) **15995 COLLINS AVE**

Suite, Apt. #, Etc. **B-200**

City **SUNNY ISLES**

State Zip Code
FL 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 _____ Date **12/30/2003**

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
DPT	CARLOS D GAIER	15995 COLLINS AVE - STE B-200	SUNNY ISLES, FL 33160
DVSD	CARLOS D GAIER	15995 COLLINS AVE - STE B-200	SUNNY ISLES, 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)(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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/03 **(786)4260004**
Date Daytime Phone #

CR2E081 (10/02)