

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P92000002183

1. Entity Name
DARCY PROPERTIES, INC.



FILED
05 DEC 14 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2378 NW 34TH RD
COCONUT CREEK, FL 33066 US

Mailing Address
2372 NW 34TH RD
COCONUT CREEK, FL 33066 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0366815

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMEIDA, DEBORA
2378 NW 34TH RD
COCONUT CREEK, FL 33066

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

Debora Almeida
Signature, typed or printed name of registered agent and title if applicable.

- Debora Almeida, Secretary

12-11-05

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME P VIEIRA, CARLOS A ☐ Delete
STREET ADDRESS 1001 5TH AVE, #22C
CITY-ST-ZIP NEW YORK, NY

TITLE NAME VP PUGA, JOAO I ☐ Delete
STREET ADDRESS RUA MARANHAO, 949 5 ANDAR
CITY-ST-ZIP HIGIENOPOLIS SAO PAULO,

TITLE NAME T PUGA, ALEXANDRE A I ☐ Delete
STREET ADDRESS 20185 E COUNTRY CLUB DR, #T54
CITY-ST-ZIP NORTH MIAMI BEACH, FL

TITLE NAME S ALMEIDA, DEBORA ☐ Delete
STREET ADDRESS 2378 NW 34TH RD
CITY-ST-ZIP COCONUT CREEK, FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500062163325
CITY-ST-ZIP 12/14/05--01047--009 **150.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Debora Almeida (Secretary) Debora Almeida

12-11-05 9775821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #