

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR -8 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000042124

1. Corporation Name
DAYTABLE CORP.

2. Principal Office Address
5755 W. FLAGLER STREET

Suite, Apt. #, etc.
209

City & State
MIAMI, FL.

Zip Country
33144 U.S.A.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 97-00

**4. Date Incorporated or Qualified
To Do Business in Florida** MAY, 16, 1996

5. FEI Number 65-0933880
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
PEDRO FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
5755 W. FLAGLER STREET

Suite, Apt. #, Etc.
209

City
MIAMI

State Zip Code
FL 33144

400003170454-3
-03/15/00-01012-027
***1200.00 ***1200.00

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 _____
REGISTERED AGENT MUST SIGN

Date 2/3/00

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,P.	JOSE A. DIAZ-MESA	5755 W. FLAGLER STREET	MIAMI, FL. 33144
			1050.00- Adm 88.75- AIR SUPP 61.25- AIR

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)(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: _____
SIGNATURE AND EITHER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00 (305) 261-2157
Date Daytime Phone #

CR2E081 (9/99)