

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 AM 10:12

DOCUMENT # P98000048430

1. Corporation Name

DALIMA STUDIO, INC.

Principal Place of Business

Mailing Address

1825 PONCE DE LEON BLVD
#210
CORAL GABLES FL 33134

1825 PONCE DE LEON BLVD
#210
CORAL GABLES FL 33134



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/27/1998

1200 ANASTASIA AVENUE

1200 ANASTASIA AVENUE

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. FEI Number

Applied For

370

370

65-0840529

Not Applicable

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

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

Zip 33134

Country U.S.A.

Zip 33134

Country U.S.A.

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	RODRIGUEZ, ALBERT I	222 ZAMORA AVENUE 231 MAJORCA AVENUE UNIT C	CORAL GABLES FL 33134
			300003481939--2 -11/30/00--01099--011 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEGAS, DANIEL JOHN JR
1860 N. HIBISCUS DRIVE
NORTH MIAMI FL 33181

Name ALBERT RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
231 MAJORCA AVENUE
Suite, Apt. #, Etc.
UNIT C
City CORAL GABLES
State FL Zip Code 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

10-19-00

11. 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 REQUIRED

10-19-00

305-913-3181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #