DEC 28 2007

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 26 AM 9:48

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 454758

1. Entity Name
JOHN A. DACY & ASSOCIATES, INC.

Principal Place of Business | Mailing Address

2. Principal Place of Business - No P.O. Box
19301 SW 87th Ave
Suite, Apt. #, etc.
APT 213
City & State
Miami, FL
Zip
33157
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

12132007 REIN-P CR2E098 (1/07)

4. FEI Number
59-1681313
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DACY, JOHN A

7. Name and Address of New Registered Agent

Name
Street Address 19301 SW 87th Avenue, Apt. 213 (213)
Miami, Florida 33157
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 John A. Dacy DEC 17, 2007
Signature and printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~FILE NOW!!! FEE IS $150.00~~
After January 1, 2008, Fee will be $300.00

WE DID NOT RECEIVE JAN. 1, 2007 DOCUMENT, CORRECT INFO

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DACY, JOHN A. 19301 SW 87th Ave Apt 213 Miami, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 12/27/07	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 07		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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12/28/07--01003--005 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John A. Dacy John A. Dacy 12-17-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Per conversation with Mr. John Dacy on 12-26-07 Tyrone has permission to update Address information and B 12/27/07