

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 APR -3 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 499914

1. Corporation Name

DAWN PROPERTIES CORPORATION

Principal Place of Business

Mailing Address

**17082 West Dixie Highway
N. Miami Beach, FL 33160**

same

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

2. New Principal Office Address, If Applicable

297 Sunny Isles Blvd.

3. New Mailing Office Address, If Applicable

297 Sunny Isles Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1976

5. FEI Number

59-1758469

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Artega, Maria M.	Calle 3 No 25, Altos Arroyo Hondo II	Santo Domingo Rep
T	Martinez, Sebastian G.	Cesar Nicolas Penson	Santo Domingo DO
VP	Rodriguez, Antonio V.	Ave. Bolivar - El Retiro	Santo Domingo DO
S	Esperanza, Alfaro	1430 S. Bayshore Dr, 605	Miami, FL 33131

REINSTATEMENT

8. Name and Address of Current Registered Agent

**Cohen, Jeffrey Roy
297 Sunny Isles Blvd.
N. Miami Beach, FL 33160**

9. Name and Address of New Registered Agent

Name

200002482072-0

Street Address (P.O. Box Number is Not Accepted)

**04/08/98-01009-028
****750.00 ****750.00**

Suite, Apt. #, Etc.

200002482072-0

City

-04/08/98-01009-028

******150.00 ****150.00**

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

REGISTERED AGENT MUST SIGN

Date

7/2/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Esperanza Alfaro, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/98

Date

(305) 470-9454

Daytime Phone #

CR2040 (12/96)