

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR 22 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 499914

1. Corporation Name

DAWN PROPERTIES CORPORATION

REINSTATEMENT 04-10

100172222241  
03/15/10--01060--008 \*\*1058.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

1000 Venetian Way

3. Mailing Office Address

c/o Antonio Rodriguez V. CE-391

Suite, Apt. #, etc.

Apt. 503

Suite, Apt. #, etc.

P.O. Box 025273

City & State

Miami, FL

City & State

Miami, FL

Zip

33139

Country

Miami-Dade

Zip

33102-5273

Country

Miami-Dade

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. Name and Address of Current Registered Agent

Name

Francisco R. Martinez

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

1000 Venetian Way

Suite, Apt. #, Etc.

Apt. 503

City

Miami

State

FL

Zip Code

33139

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*[Signature]*

Date

3/10/10

REGISTERED AGENT MUST SIGN

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
P	Maria M. Arteaga	Freddy Presto Castillo, #21	Santo Domingo, Dom. Rep.
VP	Antonio V. Rodriguez	Ave. Bolivar - El Retiro	Santo Domingo, Dom. Rep.
S	Rosalia M. de Rodriguez	Ave. Bolivar - El Retiro	Santo Domingo, Dom. Rep.

3/22

10. E-mail Address: marilynvgil@yahoo.com

(To be used for future annual report notification)

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. I further certify 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]*

Francisco R. Martinez

3/10/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIA M. ARTEAGA 3/19/10