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
DEC

97 DEC 23 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **634394**

1. Corporation Name

RENE DACCARETT, & CO., INC.

Principal Place of Business	Mailing Address
444 BRICKELL AVE STE 51-354 MIAMI FL 33131-2492 US	444 BRICKELL AVE STE 51-354 MIAMI FL 33131-2492 US

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/30/1979

5. FEI Number: 59-1965769 ☐ 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
PD	DACCARETT, RENE	444 BRICKELL AVENUE, SUITE 51-35	MIAMI FL
SD	DE DACCARETT, ROSA MARIA	444 BRICKELL AVE., STE. 51-354	MIAMI FL
VD	DACCARETT, JOSE	444 BRICKELL AVE., STE. 51-354	MIAMI FL
TD	DACCARETT, ROSE	444 BRICKELL AVE., STE. 51-354	MIAMI FL

800238434B--7
-12/29/97--01061--009
****750.00 ****750.00

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8. Name and Address of Current Registered Agent

MORAITIS, GEORGE R
915 MIDDLE RIVER DR., STE. 506
FT. LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name: JOSE DACCARETT
Street Address (P.O. Box Number is Not Acceptable): 444 BRICKELL AVENUE
Suite, Apt. #, Etc.: SUITE #51-354
City: Miami State: FL Zip Code: 33131

12/23/97

CR2E040 (8/97)

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: _____ Date: 12/19/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: _____ JOSE DACCARETT 12/19/97 (305)448-6265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #