

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F60453

1. Corporation Name

DASAL CORPORATION

Principal Place of Business

C/O SANSON, KLINE & JACOMINO, P.A.
780 N.W. LE JEUNE ROAD, #600
MIAMI FL 33126

Mailing Address

C/O SANSON, KLINE & JACOMINO, P.A.
780 N.W. LE JEUNE ROAD, #600
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable: 7240 N.W. 12th Street
Suite, Apt. #, etc.

City & State: Miami Fla
Zip: 33126
Country: MIAMI-Dade

3. New Mailing Office Address, If Applicable: 7240 N.W. 12th Street
Suite, Apt. #, etc.

City & State: Miami FL
Zip: 33126
Country: MIAMI-Dade



4. Date Incorporated or Qualified To Do Business in Florida

12/30/1981

5. FEI Number

65-0151751

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	DAVALOS BERNARDO	19355 TURNBERRY WAY	NORTH MIAMI BCH FL
ST	DAVALOS, IRENE DE	19355 TURNBERRY WAY	NORTH MIAMI BCH FL

300002977613--2
-09/02/99--01096--017
****900.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

1 PORTELA, RAFAEL
7240 N.W. 12TH STREET
MIAMI FL 33126

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Rafael Portela

REGISTERED AGENT MUST SIGN

Date AUGUST 27, 1999

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/99

Date

(305)
592-4570

Daytime Phone #

CR02040 (9/98)