
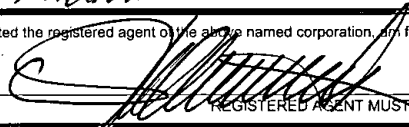
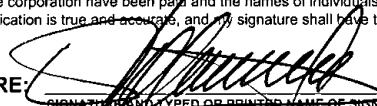


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 AUG 27 PM 4:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # <b>L37111</b>																																	
1. Corporation Name <b>D.A.R. and Associates, Inc.</b>																																	
2. Principal Office Address <b>13255 S.W. 137 AVE.</b>		3. Mailing Office Address <b>- Same -</b>		<b>REINSTATEMENT 99-01</b>																													
Suite, Apt. #, etc. <b>#208</b>		Suite, Apt. #, etc.																															
City & State <b>Miami, FL</b>		City & State		4. Date Incorporated or Qualified To Do Business in Florida <b>12-19-89</b>																													
Zip <b>33186</b>		Country <b>USA</b>		5. FEI Number <b>65-0162711</b>																													
				Applied For <input type="checkbox"/> Not Applicable																													
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent																																	
Name <b>Domingo A. Rodriguez</b>																																	
Street Address (P.O. Box Number is Not Acceptable) <b>13255 S.W. 137 Avenue</b>																																	
Suite, Apt. #, Etc. <b>#208</b>																																	
City <b>Miami</b>																																	
State <b>FL</b>																																	
Zip Code <b>33186</b>																																	
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 																																	
Date <b>08-21-01</b>																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>President</td><td>Domingo A. Rodriguez</td><td>10395 SW 132nd St.</td><td>Miami, FL 33176</td></tr><tr><td>VP</td><td>Carlos J. Rodriguez</td><td>12900 SW 67th St.</td><td>Miami, FL 33184</td></tr><tr><td>ST</td><td>Domingo E. Rodriguez</td><td>12900 SW 67th St.</td><td>Miami, FL 33184</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	President	Domingo A. Rodriguez	10395 SW 132nd St.	Miami, FL 33176	VP	Carlos J. Rodriguez	12900 SW 67th St.	Miami, FL 33184	ST	Domingo E. Rodriguez	12900 SW 67th St.	Miami, FL 33184												
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10. 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:  Domingo A. Rodriguez 8/21/01 786-293-0708																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	

CR2E081 (9/00)