

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JUL 11 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **the DASW CORP.**
1. Corporation Name
L66612

REINSTATEMENT

CR2E081 (11/10)

11-13

2. Principal Office Address - No P.O. Box #
547 Golden Bch Dr.

3. Mailing Office Address
547 Golden Bch, DR
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Golden Beach, FL

City & State

Golden Bch, FLORIDA

Zip

33160

Country

USA

Zip

33160

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 18, 1990

5. FEI Number

650193821

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

SANDRA ALVAREZ

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

547 Golden Beach Drive

Suite, Apt. #, Etc.

City

Golden Beach

State

FL

Zip Code

33160

800247152138

07/10/13--01034--002 **150.00

800247152138

04/24/13--01003--018 **900.00

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

Sandra Alvarez

Date

4/1/13

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
Pres	SANDRA ALVAREZ	547 Golden Bch Dr	Golden Bch, FLA 33160

10. E-mail Address: **SVA5@32526@AOL.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Sandra Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/13

305-965-4439

Williams JUL 11 2013