

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 27 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M34968

1. Corporation Name

DAISO ONE, CORP.

Principal Place of Business

Mailing Address

3214 NE 2ND AVE
MIAMI FL 33137
US

3214 NE 2ND AVE
MIAMI FL 33137
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

3383 NW 7 ST
Suite, Apt., Etc.
305

3383 NW 7 ST
Suite, Apt., Etc.
305

City & State
Miami FL

City & State
Miami FL

Zip
33125

Country
USA

Zip
33125

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1986

5. FEI Number

59-2779660

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	CIANFONI, LETICIA	6214 NE 2ND AVE	MIAMI FL 33137
PSD	CARMEN D. DEARING	3383 NW 7 ST #305 Miami FL 33125	Miami FL 33125
			300003811033--1 -03/07/01--01107--021 ****750.00 ****750.00
			300003811033--1 -03/07/01--01107--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

DEARING, JOSE
3214 NE 2ND AVE
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name

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

3383 NW 7 ST

Suite, Apt., Etc.

305

City

Miami

State
FL

Zip Code
33125

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

2-5-01

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 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

2-3-01
Date Daytime Phone #

CR2E040 (8/00)