

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M78188

1. Corporation Name

DEMOC INC

2. Principal Office Address

% ARAZOZA & COMPANY, P.A.

Suite, Apt. #, etc.

2100 SALZEDO ST. # 300

City & State

CORAL GABLES, FL.

Zip

33134

Country

USA

3. Mailing Office Address

% ARAZOZA & COMPANY, P.A.

Suite, Apt. #, etc.

2100 SALZEDO ST. # 300

City & State

CORAL GABLES, FL.

Zip

33134

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/27/1988

5. FEI Number

52-1492419

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000004481860--7

-07/18/01--01002--016

***2283.75 ***2283.75

7. Name and Address of Current Registered Agent

Name

ARAZOZA, CARLOS

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

2100 SALZEDO STREET

Suite, Apt. #, Etc.

SUITE 300

City

CORAL GABLES

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 05/08/01

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
D	MORA, JUAN	2100 SALZEDO STREET #300	CORAL GABLES, FL. 33134
D	MORA, JORDI	2100 SALZEDO STREET #300	CORAL GABLES, FL. 33134
D	ARAZOZA, CARLOS	2100 SALZEDO STREET #300	CORAL GABLES, FL. 33134

REINSTATEMENT 89-01

MW

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:

Carlos Arazoza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/08/01

Date

305-444-3223

Daytime Phone #