

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N9X000000631

1. Corporation Name

DAPF CONDOMINIUM, INC.

95 SW. 30TH AVE. #3

MIAMI, FL. 33135-1249

W09 - 6392

2. Principal Office Address - No P.O. Box #

1301 N.W. 89CT

Suite, Apt. #, etc.

SUITE # 203

City & State

Doral, FL

Zip

33172

Country

MIAMI-DADE

3. Mailing Office Address

P.O. Box

Suite, Apt. #, etc.

526342

City & State

MIAMI FL

Zip

33152

Country

MIAMI-DADE

7. Name and Address of Current Registered Agent

Name

ROBERTO ALFONSO

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

95 S.W. 30TH AVE.

Suite, Apt. #, Etc.

APT. # 1

City

MIAMI

State

FL

Zip Code

33135

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650485765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

x R. Alfonso

REGISTERED AGENT MUST SIGN

Date 1/29/09

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
P.	ROBERTO ALFONSO	95 S.W. 30TH AVE #1 <sup>MIAMI</sup> <sub>FL</sub> 33135	MIAMI, FL. 33135
S	ANGEL HERRERA	95 S.W. 30TH AVE #5	MIAMI FL. 33135

**REINSTATEMENT**

**RH**

400143190794  
03/18/09-01003-030 \*\*122.50

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 contained in Chapter 119, 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:

x R. Alfonso ROBERTO ALFONSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/09 (305) 401-1325

Daytime Phone #