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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JAN 6 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000003463

1. Corporation Name

D. A. JR. CORPORATION

2. Principal Office Address	3. Mailing Office Address
560 S. Park Rd.	560 S. Park Rd.
Suite, Apt. #, etc.: 716	Suite, Apt. #, etc.: 716
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33021 Country: Broward	Zip: 33021 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 1/5/00

5. FEI Number: 65-0978139 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Diego H. Macedo

Street Address (P.O. Box Number is Not Acceptable): 560 S. Park Rd.

Suite, Apt. #, Etc.: 716

City: Hollywood State: FL Zip Code: 33021

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: XD REGISTERED AGENT MUST SIGN Date: 1-6-04

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.	Diego H. Macedo	560 S. Park Rd., #716	Hollywood, FL 33021
Secty- Treas.	Alejandra Macedo	560 S. Park Rd. #716	Hollywood, FL 33021
Director(s):	Diego H.Macedo	560 S. Park Rd. #716	Hollywood, FL 33021

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: XD Diego H. Macedo 1-6-04
SIGNATURE AND TYPED/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations

Florida Department of State

Division of Corporations
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Account Number : I20000000195
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CORPORATION REINSTATEMENT

D.A. JR CORPORATION

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