

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000099661

1. Entity Name
DACAR INTERNATIONAL, CORP.



Principal Place of Business

8383 NW 68 ST.
MIAMI, FL 33166 US

Mailing Address

8383 NW 68 ST.
MIAMI, FL 33166 US

2. Principal Place of Business

8383 NW 68 ST
Suite, Apt. #, etc.

3. Mailing Address

8383 NW 68 ST
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip 33166 Country USA

Zip 33166 Country USA



REINSTATEMENT 02142006 REIN-P CR2E098 (11/05) 05-06

4. FEI Number
65-1049812

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYES, CESAR AUGUSTO
8383 NW 68 ST.
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name Reyes Cesar Augusto
Street Address (P.O. Box Number is Not Acceptable)
8383 NW 68 ST
City MIAMI FL Zip Code 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME REYES, CESAR AUGUSTO
STREET ADDRESS 1520 ALGADI AVE.
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Reyes Cesar Augusto
STREET ADDRESS 1331 Brikel Bay Drv #411
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/06 305-4700022