

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 24 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006543

1. Corporation Name

DA EWOO CORP.

REINSTATEMENT 07-04

100027398664
01/22/04--01019--004 **750.00

2. Principal Office Address 7392 NW 35th TERR.
3. Mailing Office Address 7392 NW. 35th TERR.

Suite, Apt. #, etc. 206

City & State MIAMI FL

Zip 33122 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 1/18/01

5. FEI Number 65-1067747 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name REGINA DONATO
Street Address (P.O. Box Number is Not Acceptable) 7392 N.W. 35th TERR.
Suite, Apt. #, Etc. 206
City MIAMI
State FL Zip Code 33122

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 *[Signature]* Date 1/9/04
REGISTERED AGENT MUST SIGN

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
PRESIDENT	FRANCISCO DONATO NETO	7392 NW. 35 th TERR. #206	MIAMI FL 33122
SECRETARY	FRANCISCO DONATO NETO	SAME	SAME
TREASURER	FRANCISCO DONATO NETO	SAME	SAME

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: *[Signature]* 1/9/04 786-621-4335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)