

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 16 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000026339**

1. Corporation Name

DRAGO OF MIAMI INC.

NOT-959

000086471820

1/30/07--01005--007 **450.00

2. Principal Office Address

6930 NE 4th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

6930 NE 4th Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33138

Country

USA

Zip

33138

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/01

5. EEI Number

320004473

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

JOSEPH CARISTO

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

6930 NE 4th Ave

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33138

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

Joseph Caristo
REGISTERED AGENT MUST SIGN

Date

1/3/07

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	Joseph CARISTO	6930 NE 4th Ave	Miami FL 33138
VP	ELIZABETH SEHANNI	1801 S Treasure Dr #119	Miami Beach FL 33141

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:

JOSEPH CARISTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305. 772. 0288
1/4/07

Daytime Phone #

2/2

DRAGO OF MIAMI INC.

6930 Ne 4th Avenue
Miami, Florida 33138
Phone (305)-772-0288
Fax (305)-754-0333
Help@inhousedesigngroup.com

January 4, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32301

Dear Division of Corporations:

I am writing to you to make you aware that Drago of Miami Inc did not receive the annual report notices or postcards for the year of 2005. Nor did we receive any information in the mail about the dissolution of our corporation.

Drago of Miami Inc is asking the Department of State to please waive the \$600.00 reinstatement fee for the year of 2005-2006 and to please make our corporation active again.

Thank you for your consideration and help with this filing error. Enclosed you will find a check for \$450.00 to bring Drago of Miami up to date for 2005, 2006, and 2007.

Sincerely,


Joseph Caristo

President Drago of Miami Inc