2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000054394

Title:

Name:

Address:

City-St-Zip:

Entity Names DOCA DEAL FORATE INIVESTM

() Delete

1390 BRICKELL AVE., STE 200

CASTILLO, ALVARO B

MIAMI, FL 33131

FILED Aug 13, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place	of Business:
1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131		
Current Mailing Address:	New Mailing Address	::
1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131		
FEI Number: 65-1108841 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		f New Registered Agent:
CASTILLO B., ALVARO ESQ CASTILLO & ASSOCIATES 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131 US		
The above named entity submits this statement for the purp	nose of changing its registered	
in the State of Florida.	bose of changing its registered	d office or registered agent, or both,
	or changing its registered	I office or registered agent, or both,
in the State of Florida. SIGNATURE: ALVARO B. CASTILLO, ESQ Electronic Signature of Registered Agent		d office or registered agent, or both, Date
in the State of Florida. SIGNATURE: ALVARO B. CASTILLO, ESQ		
in the State of Florida. SIGNATURE: ALVARO B. CASTILLO, ESQ Electronic Signature of Registered Agent In accordance with s. 607.193(2)(b), F.S., the corporation did not re	ceive the prior notice.	
in the State of Florida. SIGNATURE: ALVARO B. CASTILLO, ESQ Electronic Signature of Registered Agent In accordance with s. 607.193(2)(b), F.S., the corporation did not re Election Campaign Financing Trust Fund Contribution ().	ceive the prior notice. ADDITIONS/CHANGE	Date

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RODOLFO GARCIA D 08/13/2009

() Change () Addition