

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

FILED
Jul 17, 2002 8:00 am
Secretary of State

05-29-2002 93598 046 ***150.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # PO1000070351

1. Corporation Name

DINAS SOUTH INC

2. Principal Office Address

3319 NW 74 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33122

Country

USA

3. Mailing Office Address

3319 NW 74 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33122

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7-12-01

5. FEI Number

65-1159975

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

Julio Barberi

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

3319 NW 74 Ave

Suite, Apt. #, Etc.

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

REGISTERED AGENT MUST SIGN

Date

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
<u>P</u>	<u>Julio Barberi</u>	<u>10983 NW 48 Ln</u>	<u>Miami FL 33178</u>
<u>VP</u>	<u>Luis Velazquez</u>	<u>3319 NW 74 Ave</u>	<u>Miami FL 33122</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 786-845-0037

Date

Daytime Phone #