


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 OCT -3 AM 10:39 RECEIVED FALL 2005 100060499761 10/11/05--01063--004 **450.00 CR2E081 (8/05)	
DOCUMENT # P01000072689				
1. Corporation Name The Dasch Group Services, Inc.				
2. Principal Office Address 1027 NW 132 Court Suite, Apt. #, etc.		3. Mailing Office Address 1027 NW 132 Court Suite, Apt. #, etc.		
City & State Miami, Florida		City & State Miami, Florida		
Zip 33182	Country USA	Zip 33182	Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 07/24/2001		5. FEI Number 65-1123771		
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Jaime Segovia				
Street Address (P.O. Box Number is Not Acceptable) 1027 NW 132 Court				
Suite, Apt. #, Etc.				
City Miami		State FL	Zip Code 33182	
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 _____		Date 09/30/2005		
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	
P	Jaime Segovia	1027 NW 132 Court	Miami, FL 33182	
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: _____		09/30/2005	305-225-8839	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	

The Dasch Group Services, Inc.
1027 NW 132 Court
Miami, Florida 33182
Tel: 305-225-8839

September 30, 2005

VIA U.S. MAIL

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Tel: 850-245-6059

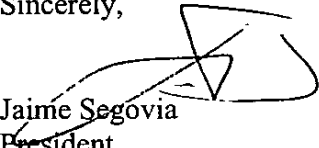
**RE: DOCUMENT NUMBER P01000072689
WAIVER OF THE REINSTATEMENT FEE**

To Whom It May Concern:

We would like to request a waiver of the reinstatement fee in the amount of \$600.00 to the above captioned document number due to non-receipt of the prior notices.

If you should have any questions, please contact us at 305-225-8839. Thank you.

Sincerely,


Jaime Segovia
President
The Dasch Group Services, Inc.