

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 12 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000108514

1. Corporation Name

D.V.S. ENTERPRISES USA, INC.

W04-8059

2. Principal Office Address

2615 MONTEDO BAY

Suite, Apt. #, etc.

City & State

—~~KISSIMMEE FL.~~

Zip

34746

Country

us

3. Mailing Office Address

2615 MONTEDO BAY

Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

Zip

34746

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

NOV. 09, 2001

5. FEI Number

59-3601544

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

3/12/04 01054 014 150
REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

HAYDEE EL NIMER

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

2615 MONTEDO BAY

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34746

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

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	HAYDEE EL NIMER	2615 MONTEDO BAY	KISSIMMEE FL 34746
S	KELLY LOPEZ	2615 MONTEDO BAY	KISSIMMEE FL 34746
T	ROCIO MARRERO	2615 MONTEDO BAY	KISSIMMEE FL 34746

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:

Haydee El Nimer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-18-03

Daytime Phone #

407.348.4159

CR2E081 (10/02)