

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 21 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000030986

1. Corporation Name

DA HOME BUILDERS CO

2. Principal Office Address

12323 SW 267 TE

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33032

Country

3. Mailing Office Address

12323 SW 267 TE

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33032

Country

REINSTATEMENT

07/11/03 90050 002 *150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-15-02

5. FEI Number

01-0630249

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

LUIS A DE ARMAS

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

12323 SW 267 TE

Suite, Apt. #, Etc.

HOMESTEAD

City

FL

State

FL

Zip Code

33032

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
PVSTD	LUIS A DE ARMAS	12323 SW 267 TE	HOMESTEAD FL 33032

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

11/18/03 786-399-9553

Date

Daytime Phone #

CR2E081 (10/02)

202

12323 SW 267 TE., HOMESTEAD FL 33032

November 18, 2003

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

20034BR

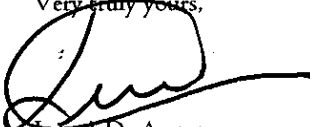
RE: Reinstatement P 02000030986

Dear Sirs:

We noticed through your Website that our Corporation shows as inactive. Enclosed is our Application for Reinstatement. We filed late our Corporate Report because we moved our offices and never received the report originally. Our check in the amount of \$150.00 made

from Celia De Armas was cashed by you.

Very truly yours,



Luis A De Armas

President

DA HOME BUILDERS CO.