

May 11 04 08:33a

Marts Accounting Co

3055416940

p.2

H040001025023

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIV OF CORP

04 MAY 11 PM 12:09

DOCUMENT # P02000041098

1. Corporation Name

DAGO, INC

2. Principal Office Address

10530 NW 26 ST #F203

Suite, Apt. #, etc.

City &amp; State

MIAMI, FL

Zip

33172

Country

USA

3. Mailing Office Address

131 SW 22 AVE

Suite, Apt. #, etc.

City &amp; State

MIAMI, FL

Zip

33135

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

4/16/2002

5. FEI Number

47-0863076

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

DAMIAN GOMEZ

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

10530 NW 26 ST #F203

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

B. 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
P	DAMIAN GOMEZ	10530 NW 26 ST #F203	MIAMI, FL 33172

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

Date

Daytime Phone #

H040001025023

May 11 04 08:33a

Marts Accounting Co

3055416940

P. 1

Division of Corporations

Page 1 of 1

**Florida Department of State**  
Division of Corporations  
Public Access System

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000102502 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0384

From:

Account Name : MART'S ACCOUNTING COMPANY  
Account Number : I20000000048  
Phone : (305) 541-6910  
Fax Number : (305) 541-6940

**CORPORATION REINSTATEMENT**

**DAGO, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

**Electronic Filing Menu**

**Corporate Filing**

**Public Access Help**