

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 17 AM 8:01

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000103774

1. Corporation Name

DADE-1995, INC.

2. Principal Office Address - No P.O. Box #

201 CRANDON BLVD

Suite, Apt. #, etc.

UNIT 623

City & State

KEY BISCAVNE, FL

Zip

33149

Country

USA

3. Mailing Office Address

201 CRANDON BLVD

Suite, Apt. #, etc.

UNIT 623

City & State

KEY BISCAVNE, FL

Zip

33149

Country

USA

500139094735
12/17/08--01024--009 **300.00
REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
550833299

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

MIRIAM DE TORO, CPA, P.A.

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

231 ALTARA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33146

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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
D	JOSE BARANDIARAN	201 CRANDON BLVD, #623	KEY BISCAVNE, FL 33149

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 contained in Chapter 119, 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

12/12/08

Date

Daytime Phone #

12/17