

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000041971

1. Entity Name  
D.N.R. GROUP, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR -4 PM 1:29

Principal Place of Business  
~~11338 MIRAMAR PKWY~~  
~~MIRAMAR, FL 33025~~

Mailing Address  
16516 SW 36 COURT  
MIRAMAR, FL 33027

2. Principal Place of Business - No P.O. Box #

11338 Miramar Pkwy

3. Mailing Address

11338 Miramar Pkwy

Suite, Apt. #, etc.

NA/NA

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Miramar FL

Zip  
33025

Country  
US

Zip  
33025

Country  
US

02122008

REIN-P

CR2E098 (1/07)

4. FEI Number  
56-2364093

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~ROSENDE, ENRIQUE~~  
~~16516 SW 36 COURT~~  
~~MIRAMAR, FL 33027~~

7. Name and Address of New Registered Agent

Name Damian Davila  
Street Address (P.O. Box Number is Not Acceptable)  
5008 SW 170th Ave

City Miramar

FL

Zip Code

33027

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/2008

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME ~~PD~~ ROSENDE, ENRIQUE ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
16516 SW 36 COURT  
MIRAMAR, FL 33027

TITLE  
NAME ~~VD~~ DAVILA, DAMIAN ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
4500 SW 152 COURT  
MIRAMAR, FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
600122295676  
04/04/08--01047--016 \*\*300.00

TITLE  
NAME ~~PD~~ DAVILA, DAMIAN ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
5008 SW 170th Ave  
Miramar FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/2008

954-437-0071