


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000006654 1. Entity Name DICARVI INVESTMENT CORP.						FILED 07 SEP 24 PM 4:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 163 W. 24TH ST. HIALEAH, FL 33010				Mailing Address 163 W. 24TH ST. HIALEAH, FL 33010					
2. Principal Place of Business - No P.O. Box # 1751 SW 24 ST.				3. Mailing Address 1751 SW 24 ST.					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State MIAMI, FL				City & State MIAMI, FL					
Zip 33145		Country USA		Zip 33145		Country USA			
6. Name and Address of Current Registered Agent BROWN, JR, JAMES D 228 VALENCIA AVENUE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name JOSE REIMONDEZ Street Address (P.O. Box Number is Not Acceptable) 1751 SW 24 ST. City MIAMI FL Zip Code 33145					
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 <u><i>Jose Reimondez</i></u> 09/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 </div> <div> REINSTATEMENT 09202007 REIN-P-CR2E098 (1/07) 07 </div> </div>									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIMONDEZ, JOSE 163 W. 24TH ST. HIALEAH, FL 33010			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIMONDEZ, JOSE 1751 SW 24 ST. MIAMI, FL 33145			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REIMONDEZ, LILLIAN 163 W. 24TH ST. HIALEAH, FL 33010			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REIMONDEZ, LILLIAN 1751 SW 24 ST. MIAMI, FL 33145			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <i>09/20</i> </div>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 200109960702 09/26/07--01035--020 **758.75 </div>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete </div>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete </div>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Jose Reimondez</i></u> 09/20/07 786-232-2448 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									
Jose Reimondez, President									