


2007 FOR PROFIT CORPORATION REINSTATEMENT

| | |
|---|---|
| DOCUMENT # P04000012840 |  |
| 1. Entity Name D&O INTERNATIONAL GROUP, INC. | |

FILED

07 JUL 20 AM 8:46

CLERK OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 4000 Towerside Terr Suite Apt. #, etc. 610 | 3. Mailing Address Suite, Apt #, etc. SAME |
| City & State MIAMI FL | City & State |
| Zip 33138 | Country US |

REINSTATEMENT

| | |
|---|--------------------------------|
| 4. FEI Number 33-1085266 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | |
|-------------------------------|---|----------------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name Diego Escribano | |
| | Street Address (P.O. Box Number is Not Acceptable) 4000 TOWERSIDE TERR Apt 610 | |
| | City MIAMI | FL Zip Code 33138 |

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/6/07

DATE

| | |
|--|---|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | | | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ESCRIBANO, DIEGO 4000 TOWERSIDE TERRACE, APT. 610 MIAMI, FL 33138 US | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400106992194 07/31/07--01045--004 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ESCRIBANO, OSCAR 4000 Towerside Terrace Apt 610 MIAMI, FL. 3313 US | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400106992194 07/31/07--01045--005 **150.00 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/06/07

jc 7/26

CR2EG34B (12/02)

Page 2 of 2

June 12th, 2007

Gentlemen:

We never received the card to obtain the form for payments and my accountant informed me that the years 2006 & 2007 were not paid.

We kindly request from the State of Florida to waive the penalty and accept these two checks.

Sincerely,

Oscar Escribano