

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 29 PM 2:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P05-875

1. Corporation Name

DICO HOLDINGS, INC., a Florida corporation

100139336421
12/30/08--01013--010 **450.00

REINSTATEMENT 06-08

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

1800 Sawgrass Mills Mall

3. Mailing Office Address

19575 Biscayne Blvd.

Suite, Apt. #, etc.

#2460

Suite, Apt. #, etc.

#375

City & State

Sunrise, FL

City & State

Aventura, FL

Zip

33323

Country

US

Zip

33180

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 01/03/2005

5. FEI Number

None

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

Mike Ben-David

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

1800 Sawgrass Mills Mall

Suite, Apt. #, Etc.

#2460

City

Sunrise

State

FL

Zip Code

33323

☒ 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

12/22/08

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
PT	Moshe Bitton	19575 Biscayne Blvd., #375	Aventura, FL 33180
VPS	Judith Bitton	19575 Biscayne Blvd., #375	Aventura, FL 33180

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

Date

Daytime Phone #

MOSE BITTON
MIKE BEN-DAVID

MOSHE BITTON
12/22/08 3052192539