2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
09 JAN 21 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000014206

1. Entity Name
SERVICIOS INTERNACIONALES D.M.C. INC.

Principal Place of Business	Mailing Address
16839 SW 54 CT MIRAMAR, FL 33027	16839 SW 54 CT MIRAMAR, FL 33027

01152009 REIN-P .CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1800W. 49ST.	1800W. 49STREET
Suite, Apt. #, etc.: 216	Suite, Apt. #, etc.: 216
City & State: HIALEAH FL	City & State: HIALEAH FL
Zip: 33012 Country: U.S.A.	Zip: 33012 Country: U.S.A.

4. FEI Number: 20-4222782 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BONGIOVI, CARMEN E
16839 SW 54 CT
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: Carmen Bongiovi 1/16/09
Sign above, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, DOUGLAS 16839 SW 54 CT MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAEZ, MARLY 16839 SW 54 CT MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400141608124 01/21/09--01014--007 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONGIOVI, CARMEN E 16839 SW 54 CT MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 08-09
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition DC 1/21
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition DC 1/21

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: Carmen Bongiovi 1/16/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #