

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

10f2

DOCUMENT # P93000023035

1. Corporation Name

DASTAS ENTERPRISES, INC.

90 SEP 14 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7225 NW 25th St.
SUITE 209
MIAMI, FL 33122

Mailing Address

7225 NW 25th St.
SUITE 209
MIAMI, FL 33122

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1993

5. FEI Number

65-0398640

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S	DARIO T. LARRAMENDI	1815 SW 70 AVE	MIAMI, FL 33155 900002639469 -09/15/98-01035-001 ****323.75 ****323.75

8. Name and Address of Current Registered Agent

DARIO T. LARRAMENDI
1815 SW 70 AVE.
MAIMI, FL 33155

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Dario T. Larramendi
THE REGISTERED AGENT MUST SIGN

9/11/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Dario T. Larramendi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARIO T. LARRAMENDI

305-406-3800

9/11/98

Daytime Phone #

20f2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of \$315.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **DASTAS ENTERPRISES, INC.**

Thank you for your courtesy in this matter.



DARIO T. LARRAMENDI
President