

DEC-24-1996 11:40

EMPIRE CORPORATE KIT

P. 83/83

FOR
REINSTATEMENTSandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000054719

1. Corporation Name

DAMIRAS, CORP.

Principal Place of Business

Mailing Address

1840 WEST 8TH AVENUE
HIALEAH, FLORIDA 33012

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

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

a. Date Incorporated or Qualified
To Do Business in Florida

8/3/93

b. FEI Number

Applied For

Not Applicable

c. CERTIFICATE OF STATUS DESIRED ☐22.75 Fee and Fee Waiver
22.75 Fee and Fee Waiver

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
PVPS	LUZ BARCOS	3780 WEST FLAGLER STREET, CORAL GABLES, FL	33134

REINSTATEMENT

196

SCC 12-4-94

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIGUEL RODRIGUEZ-BETANCOURT, P.A.
3780 WEST FLAGLER STREET
CORAL GABLES, FLORIDA 33134

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/22/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Typed Name

Miguel Rodriguez-Betancourt FBN. 827363 (305) 446-3377
3780 W. Flagler St. Coral Gables, FL 33134

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TOTAL P.83

#P93000054719

DEC-84-1996 11:40

EMPIRE CORPORATE KIT

P.02/03

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3:19 PM

PUBLIC ACCESS SYSTEM
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((H96000016587 3))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: DAMIRAS, CORP.

AUDIT NUMBER.....H96000016587

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..0

PAGES..... 2

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