PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
REINSTATEMENT			DIVISION	PARTMEN retary of S	tate	08 OCT -3 PM 4: 48		
DOCUMENT # P93000076642 1. Corporation Name							"ALLAMASSEL	, •
The Dasch Group, Inc.								
2. Principal Office Address - No P.O. Box # 3. Ma 2657 West 77th Place			3. Mailing Office	Mailing Office Address			NSTATEIV. 2777 CR2E081 (10/08)	05-08
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	, Apt. #, etc.			porated or Qualified	
City & State			City & State			To Do Business in Florida 11/01/1993 5. FEI Number Applied For		
Zip Country 33016 USA			Zip Country		try	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required		
33010		and Address of	Current Registere	d Agent	,		— Tor a Ce	ertificate of Status
7. Name and Address of Current Registered Agent Name Roberto Riego						✓ 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.		
Street Address (P.O. Box Number is Not Acceptable) 2657 West 77th Place								
Suite, Apt. #, Etc.								
City Hialeah				State Zip Code FL 33016		:		
8. I, being Signature o Registered	, 1/40%	Plens		Roberto Riego		Date October 1, 2008		
9. Names	and Street Addresses	of Each Officer and	/or Director (Florida	nonprofit corpo	prations must list at lea	ast 3 directors)		
Titles Name of Officers and/or Directors					treet Address of Each		City / State / Zip	
P/D	Roberto Riego			657 Wes	t 77th Place		Hialeah, FL 33016	
				1070			001366198' 8/0801058010	∃ 9 **608.75
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 ceth. SIGNATURE: October 1,2008 3w792 0460 Daytime Phone #								

10/3