

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000036256

1. Corporation Name

DANEVE ENTERPRISES, INC.

W98-10797

Principal Place of Business

Mailing Address

5904 San Vicente Street  
Coral Gables, Florida 33146

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

REINSTATEMENT

96-98

FILED

98 OCT -7 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/09/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-085903	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
D	Daniel De La Iglesia	5904 San Vicente Street	Coral Gables, Florida 33146

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-10/08/98--01098--011  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DANIEL DE LA IGLESIA 5904 San Vicente Street Coral Gables, Florida 33146		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.		Date 10/06/98	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL DE LA IGLESIA

Date

Date the Photo