

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP 10 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000082371**

**1. Corporation Name**

D & S CAPITAL INVESTMENT, INC.

14715 N MIAMI AVE  
MIAMI, FL 33168

**2. Principal Office Address**  
14715 N MIAMI AVE

**3. Mailing Office Address**  
14715 N MIAMI AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
MIAMI, FL 33168

**City & State**  
MIAMI, FL

**Zip**  
33168

**Country**  
USA

**Zip**  
33168

**Country**  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 10/23/1995

**5. FEI Number**  
65-0652703

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**  
CARLOS MENDEZ

**Street Address (P.O. Box Number is Not Acceptable)**  
14715 N MIAMI AVE

**Suite, Apt. #, Etc.**

**City**  
MIAMI

**State** FL **Zip Code** 33168

700040962477  
09/10/04--01034--015 \*\*1800.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

*Carlos Mendez*

**Date** 08/31/2004

**REGISTERED AGENT MUST SIGN**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	CARLOS MENDEZ	14715 N MIAMI AVE	MIAMI, FL 33168

REINSTATEMENT 97-04

**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 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:**

*Carlos Mendez*

CARLOS MENDEZ

08/31/2004 (800) 707-7606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E081 (01/04)