## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

2012 MAY 18 AM 10: 57
SECRETARY OF STATE
SALE AHASSEE. FLORIDA

DOCUMENT # P95000088685

1. Corporation Name

(To be used for future annual report notification)	DA	AN INVES	TMENTS, INC							
Suite, Apt. 8, etc  Sunset Island No. 1  Sunset Island No. 1  Sunset Island No. 1  Cry & State Miami Beach, Florida  Miami Beach, Florida  Zip  Country  33140  U.S.A.  7. Name and Address of Current Registered Agent  No. 1  State  Jose R. Caraballo  Suite, Apt. 8, Etc.  Sunset Island No. 1  Country  33140  O.S.A.  7. Name and Address of Current Registered Agent  Name  Jose R. Caraballo  Suite, Apt. 8, Etc.  Sunset Island No. 1  City  Miami Beach  8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607, 6555 or 617, 6503. F.S.  Signature of Miami Beach  Registered Agent  FEGISTERED AGENT MUST SIGN  PSTD  Jose R. Caraballo  1615 North View Drive  Sunset Island No. 1  City  FEGISTERED AGENT MUST SIGN  PSTD  Jose R. Caraballo  1615 North View Drive  Sunset Addresses of Each Officer and/or Directors  Name of Officer and/or Directors  Officer and/or Directors  Titles  REINSTATEMENT  REINSTATEMENT  10. Learly that I am an officer or director of the recolver or trustees empowered to execute this application as provides for in chapter 50? or 617, F.S. Introde cardy that when fling the registered Application, it is reason for disastution has been eliminated, the componies name assistants and requirements of section 6407 of 670 for 157, 58, 10 for the series of gleach of the series of g	Principal Office Address - No P.O. Box # 3. Mailing				ng Office Address			TATERACE!"		
Suite. Apt. #, etc  Sunset Island No. 1  Sunset Island No. 1  Sunset Island No. 1  Sunset Island No. 1  Cry & State  Miami Beach, Florida  Zip  Courty, 33140  U.S.A.  7. Name and Address of Current Registered Agent  Name  Jose R. Caraballo  Street Address (P.O. Box Number is Not Acceptable)  1615 North View Drive  Miami Beach  8. Leeng appointed me registered agent of the above name corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503. F.S.  Significant of Registered Agent  Registered Agent  Registered Agent  Triles  Name of Others and/or Director (Florida nonprofit corporations must ist at least 3 directors)  Registered Agent  Regist	1615	North V	iew Drive	1615 North	1615 North View Drive			KEINDIAIEMENI 0.1-15		
City & State Milami Beach, Florida Milami Beach, Florida Milami Beach, Florida  Zip Country 33140  Zip Country C							CR2E081 (11/10)			
Miami Beach, Florida Miami Beach, Florida  Zip  33140  U.S.A.  7. Name and Address of Current Registered Agent  Name  Jose R. Caraballo  Street Address (P. O. Box Number is Not Acceptable)  1615 North View Drive  Suite, Apt. #, Etc.  Sunset Island No. 1  City  Miami Beach  I. being appointed me registered agent of the above named corporation, an arbitral with and accept the obligations of section 607,0505 or 617,0503, F.S.  Registered Agent  Registered Agent  Registered Agent  Resister DAGENT MUST SIGN  9. Names and Street-Address or Gach Officer anglor Director (Florida nonprofit corporations must list at least 3 directors)  Resister Address of Each Officer anglor Director (Florida nonprofit corporations must list at least 3 directors)  Resister State	Sunse	et Island	1 No. 1	Sunset Island No. 1					1/17/1005	
Zip Country 33140 Currin, 2ip Country 33140 U.S.A. 33140 U.S.A. 6. CERTIFICATE OF STATUS DESIRED  7. Name and Address of Current Registered Agent  Name  Jose R. Caraballo  Street Address (P.O. Box Number is Not Acceptable)  1615 North View Drive  Suite, Apt. #, Etc.  Sunset Island No. 1  Cry  Miami Beach  8. I. being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 507,0505 or 617,0503, F.S.  Signature of Registered Agent  Registered Agent Must Sign  9. Names and Sirber Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  PSTD  Jose R. Caraballo  1615 North View Drive  Miami Beach, F1 33140  REINSTATEMENT  NAY 18 2012  S. TONER  10. E-mail Address:  (To be used for future annual report motification)  II. Certify their is am an officer or director or the receiver or frustee e impowered to execute this application as provided for in chapter 507 or 517, F.S. Hurser cently that when fing this reinstatement approachin, the reason for dissolution has been eliminated, the corporation man substate the equirements of section 807,0401 or 617, CeS., and there are reinstatement approachin, the reason for dissolution has been eliminated, the corporation man substate the equirements of section 807,0401 or 617, CeS., and there are reinstatement approachin, the reason for dissolution has been eliminated, the corporation man substate the equirements of section 807,0401 or 617, CeS., and there are reinstatement approachin, the reason for dissolution has been eliminated, the corporation man substate the equirements of section 807,0401 or 617, CeS., and there are reinstatement approachin, the reason for dissolution has been eliminated on the perforation of the resolution of the r		d Donat	T-1 1	·			<b>—</b> —		F-q	
7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  Jose R. Caraballo  Street Address (P.O. Box Number is Not Acceptable)  1615 North View Drive  Suite, Apt. #. Etc.  Sunset Island No. 1  City  Miami Beach  8. I. being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607,0555 or 617,0503, F.S.  Signature of Registered Agent  PSTD  PSTD  Jose R. Caraballo  1615 North View Drive  REGISTERED AGENT MUST SIGN  REGISTERED AGENT MUST SIGN  REGISTERED AGENT MUST SIGN  Name of Officer and/or Directors  Officer and/or						65-	0905535	F=		
7. Name and Address of Current Registered Agent  Jose R. Caraballo  Street Address (P.O. Box Number is Not Acceptable)  1615 North View Drive  State Zp Code  FL 33140  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  Registered Agent  Registered Agent  Registered Agent Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  PSTD Jose R. Caraballo  1615 North View Drive  Miami Beach, F1 33140  REINSTATEMENT  REINSTATEMENT  (To be used for future annual report notification)  REINSTATEMENT  (In be used for future annual report notification)  REINSTATEMENT  (In be used for future annual report notification)  In certify their Lam an officer or director or the receiver of trustees empowered to execute this application as provided for in chapter 507 or 517, F.S. Humber cardly this when fising the reinstatement application, the reason for dissolution has been eminimated, the corporate name assistes the requirements of section 607 0401 or 617,0401, F.S., and text all fields or requirements of section 607 0401 or 617,0401, F.S., and text all fields or requirements of section 607 0401 or 617,0401, F.S., and text all fields or requirements of section 607 0401 or 617,0401, F.S., and text all fields or requirements of section 607 0401 or 617,0401, F.S., and text all fields or requirements of section 607 0401 or 617,0401, F.S., and text all fields or requirements of section 607 0401 or 617,0401, F.S., and text all fields or requirements of section 607 0401 or 617,0401, F.S., and text all fields or requirements of section 607 0401 or 617,0401, F.S., and that all fields or requirements of section 607 0401 or 617,0401, F.S., and that all fields or requirements of section 607 0401 or 617,0401, F.S., and that all fields or requirements of section 607 0401 or 617,0401, F.S., and that all fields or requirements of section 607 0401 or 617,0401, F.S			٧	1 '	1		6. CERTIFICA	TE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
Jose R. Caraballo Sirier Address of Each Officer and/or Directors  Names and Strow Addresses of Each Officer and/or Directors  PSTD Jose R. Caraballo  REGISTERED AGENT View Drive  State Zip Code FL 33140  REGISTERED AGENT MUST SIGN  PSTD Jose R. Caraballo  REGISTERED AGENT WITH SIGN  REGISTERED AGENT WITH SIGN  REGISTERED AGENT WITH SIGN  PSTD Jose R. Caraballo  REGISTERED AGENT WITH SIGN  REGISTERED AGENT WITH SIGN  REGISTERED AGENT WITH SIGN  PSTD Jose R. Caraballo  REGISTERED AGENT WITH SIGN  REGISTERED AGENT WITH SIGN WI		7.	Name and Address o	f Current Registered Ag	ent		اح.	0000E0		
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Signature of Registered Agent  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 Officer and/or Directors  Name of Officer and/or Directors  PSTD Jose R. Caraballo  1615 North View Drive  Miami Beach, F1 33140  REINSTATEMENT  MAY 18 2012  S. TONER  10. E-mail Address:  (To be used for future annual report notification)  11. 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 (further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath I am affaire that fails enformation sufmitted in a docupant to the perspect to the service felory as provided for in 817,155, F.S.  SIGNATURE:  **TONER**  Documents**  Documents**  Documents**  Documents**  Documents*  Documents	•	ni Beach								
Titles Name of Officers and/or Directors Officer and/or Director Miami Beach, F1 33140  REINSTATEMENT  NAY 1 8 2012  S. TONER  10. E-mail Address:  (To be used for future annual report notification)  11. 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 I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath I am afvere that Jase Miomation submitted in a document to the perpartment of State constitutes a third degree felony as provided for in 8 817,155, F.S. SIGNATURE:  **OST/16/2012** 786-445-2762**	Registered Ag					Lo		Date 05/	16/2012	
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