

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 21 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000028079

**1. Corporation Name**

D.A.S.A. Investment Group, Inc.

**REINSTATEMENT**

800033209108  
04/20/04--01093--002 \*\*908.75

**2. Principal Office Address**

3039 Premiere Parkway

**3. Mailing Office Address**

3039 Premiere Parkway

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Duluth, GA

City & State

Duluth, GA

Zip

30097

Country

U.S.A.

Zip

30097

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
650663291

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 Lidsky

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

145 E. 49th Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33013

**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 MUST SIGN

Date 04/15/2004

**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	Alex J. Campos	3039 Premiere Pky, Ste 100	Duluth, GA 30097
VP/D	Michael York	3039 Premiere Pky, Ste 100	Duluth, GA 30097

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2004

Date

Daytime Phone #

CFR2001 (01/04)