'AX AUDIT NO.:H000000660936

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057543

REINSTATEMENT OD

1. Corporation Name

DePons & Associates, Inc.

2. Principal Office Address
7600 S.W. 90th Avenue
~~One Biscayne Tower~~
Suite, Apt. #, etc.
~~104~~
City & State
Miami, FL
Zip 33173 ~~33131~~
Country USA

3. Mailing Office Address
7600 S.W. 90th Avenue
~~One Biscayne Tower~~
Suite, Apt. #, etc.
~~104~~
City & State
Miami, FL
Zip 33173 ~~33131~~
Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/9/1996

5. FEI Number 65-0678555 ☐ 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
~~Torres, Michael A.~~ Ohayon, Serge
Street Address (P.O. Box Number is Not Acceptable)
~~195 NW 96th Street~~ 7600 S.W. 90th Avenue
Suite, Apt. #, Etc.
City Miami State FL Zip Code ~~33150~~ 33173

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 12.19.2000

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~~	~~Verbw, Francois~~	~~407 Lincoln Road #5B~~	~~Miami Beach, FL 33139~~
~~S~~	~~Torres, Emilio~~	~~8337 E. Dixie Hwy.~~	~~Miami, FL 33138~~
D/P/S/T	Ohayon, Serge	7600 S.W. 90th Avenue	Miami, FL 33173

AD

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: _____ Serge Ohayon, President 12.19.2000 305 275 8157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (9/99)

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

DEPONS & ASSOCIATES, INC.

Certificate of Status	1
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