PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 MAR -6 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000060783**

1. Corporation Name
DELARVAS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4811 N.W. 79TH AVENUE SUITE #4 MIAMI FL 33166	4811 N.W. 79TH AVENUE SUITE #4 MIAMI FL 33166

REINSTATEMENT

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3503 Crystal Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE FL	City & State
Zip: 33330 Country: Broward	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/19/1996

5. FEI Number: Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SMITH, BLAIR D	~~4811 N.W. 79TH AVENUE, #4~~ 3503 Crystal Lane	~~MIAMI FL 33166~~ Davie FL 33330
D	SMITH, TANIA L	~~4811 N.W. 79TH AVENUE, #4~~ 3503 Crystal Lane	MIAMI FL 33166 Davie FL 33330
			100000317019 1---4 -03/14/00--01133--002 ***1300.00 ***1300.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MENDEZ, EDUARDO J 6850 CORAL WAY SUITE 504 MIAMI FL	Name: Street Address (P.O. Box Number is Not Acceptable): 9370 S.W. 72 ST. Suite, Apt. #, Etc.: SUITE A 214 City: MIAMI State: FL Zip Code: 33173

CR2E040 (8/97)

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.

Signature of Registered Agent X E Mendez SIGNATURE REQUIRED — Date ~~3/3/98~~ 1/10/2000
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.) KE

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: X SIGNATURE REQ. PRESIDENT — Date ~~3/3/98~~ 1/10/2000 — Daytime Phone # (954) 452-4691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR