

01/28/06 12:51 FAX 3054186811

ADAMS GALLINAR IGLESIAS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
DIVISION OF CORPORATIONS

06 JAN 26 PM 2:00

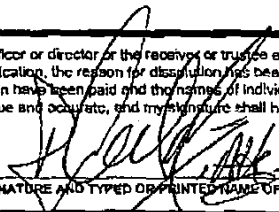
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000099192			
1. Corporation Name D. A. C. R. Properties, Inc.			
2. Principal Office Address 961200 Brickell Ave. Suite, Apt. #, etc. Suite 900 City & State Miami, FL Zip 33175 Country USA		3. Mailing Office Address 1200 Brickell Ave Suite, Apt. #, etc. Suite 900 City & State Miami, FL Zip 33131 Country USA	

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida	12/9/96
5. FEI Number	050713298
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	AGI Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)	1200 Brickell Ave.
Suite, Apt. #, Etc.	Suite 900
City	Miami
State	FL
Zip Code	33131

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		Date 1/26/06	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Diego A. Cisneros	961200 Brickell Ave, Ste 900	Miami, FL 33131
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 contained in Chapter 119, 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: 		1/26/06 305-416-6800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : 120000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

CORPORATION REINSTATEMENT

D.A.C.R. PROPERTIES, INC.

Certificate of Status	0
Certified Copy	0
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