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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 26 PM 2:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099192

1. Corporation Name
D. A. C. R. Properties, Inc.

REINSTATEMENT 09-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
% 1200 Brickell Ave.	1200 Brickell Ave
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: Suite 900
City & State: Miami, FL	City & State: Miami, FL
Zip: 33175 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 12/9/96

5. FEI Number: 650713298 ☐ 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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Diego A. Cisneros	% 1200 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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Division of Corporations

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Florida Department of State

Division of Corporations

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

From:
Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

CORPORATION REINSTATEMENT

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00

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