PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC 15 PM 2:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA
RECEIVED 11/13/00

DOCUMENT # P97000008196

1. Corporation Name

DADE ENTERPRISES, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
250 GIRALDA AVENUE	6435 SW 102 ST
Suite, Apt. #, etc.: 2ND FLOOR	Suite, Apt. #, etc.: P
City & State: CORAL GABLES, FLA.	City & State: PINECREST, FL
Zip: 33134 Country: USA	Zip: 33156 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/28/97 SP

5. FEI Number: 65-0775472 ☐ 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: ALEJANDRO NUNEZ, P.A.

Street Address (P.O. Box Number is Not Acceptable): 250 GIRALDA AVENUE

400003514544--6
-12/27/00--01064--013
****750.00 ****750.00

Suite, Apt. #, Etc.: 2ND FLOOR

City: CORAL GABLES State: FL Zip Code: 33134

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: ALEJANDRO NUNEZ Date: 11-8-2000
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
PSTD	ALICIA GALLO	6435-SW-102 Street	MIAMI, FLORIDA

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: _____ 11-8-2000 305-7746222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #