

2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P97000008196 1. Entity Name DADE ENTERPRISES, INC.						FILED 05 DEC 23 AM 9:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 250 GIRALDA AVE. 2ND FLOOR CORAL GABLES, FL 33134				Mailing Address 7105 SW 8 ST. 309 MIAMI, FL 33144 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0775472				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DELGADO, MARISELA 2451 BRICKELL AVE. APT 015 MIAMI, FL 33129				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6345 S.W. 102 Street. City MIAMI FL Zip Code 33156			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD DELGADO, MARISELA 2451 BRICKELL AVE. #U15 MIAMI, FL 33129 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 6345 S.W. 102 STREET MIAMI, FL. 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.							
SIGNATURE:				Date 11/27/05 Daytime Phone # _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

1/19/2012

DIVISIONS OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED PLEASE FIND OUR "2005 FOR PROFIT
CORPORATION REINSTATEMENT FORM", TOGETHER WITH
OUR CHECK FOR \$ 150.00 FEE.
PLEASE NOTE THAT WE DID NOT RECEIVE YOUR FORM
THAT WAS ORIGINALLY MAILED.