

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000056103

1. Entity Name
D.B.M.S. FINANCIAL INVESTMENTS, INC.



FILED

07 JAN 26 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06-07



REINSTATEMENT

Principal Place of Business
2307 S.W. DOUGLAS ROAD
303
MIAMI, FL 33145 US

Mailing Address
2307 S.W. DOUGLAS ROAD
303
MIAMI, FL 33145 US

2. Principal Place of Business - No P.O. Box #
1000 PONCE DE LEON
Suite, Apt. #, etc.
SUITE # 302
City & State
CORAL GABLES
Zip
33134
Country
USA

3. Mailing Address
1000 PONCE DE LEON
Suite, Apt. #, etc.
SUITE # 302
City & State
CORAL GABLES
Zip
33134
Country
USA

4. FEI Number
65-0762958
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BENEMELIS, JUAN F
2307 SW DOUGLASS ROAD
303
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1000 PONCE DE LEON
SUITE 302
City
CORAL GABLES FL Zip Code
33134

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: Juan F. Benemelis
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BENEMELIS, JUAN	
STREET ADDRESS	15311 SW 213TH AVE	
CITY-ST-ZIP	MIAMI, FL 33167	
TITLE	SVPT	☒ Delete
NAME	MOREJON, MARIO P	
STREET ADDRESS	855 NW 45TH AVE #36	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VPS	☒ Delete
NAME	GARBINSKI, ANDRES	
STREET ADDRESS	2632 S.W. 30 AVE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ADDRESS ONLY	☒ Change ☐ Addition
NAME	1000 PONCE DE LEON	
STREET ADDRESS	SUITE 302, CORAL GABLES, FL	
CITY-ST-ZIP	33134	
TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	ADALBERTO GONZALEZ	
STREET ADDRESS	1000 PONCE DE LEON, SUITE 302	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SECRETARY	☐ Change ☒ Addition
NAME	ILEANA FUENTES RAMOS	
STREET ADDRESS	1000 PONCE DE LEON, SUITE 302	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	TREASURER	☐ Change ☒ Addition
NAME	CARLOS J. PEQUERO	
STREET ADDRESS	1000 PONCE DE LEON, SUITE 302	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: Juan F. Benemelis
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 01-23-07 Daytime Phone #