

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 20 PM 1:15

DOCUMENT # P97000056103

1. Corporation Name

D.B.M.S. FINANCIAL INVESTMENTS, INC.

300012692453
03/07/03--01051--002 **908.75

2. Principal Office Address

2307 DOUGLASS ROAD

Suite, Apt. #, etc.

303

City & State

MIAMI FL

Zip

33145

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1997

5. FEI Number

650762958

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

JUAN F. BENEMELIS

Street Address (P.O. Box Number is Not Acceptable)

2307 S.W. DOUGLASS ROAD

Suite, Apt. #, Etc.

303

City

MIAMI

State

FL

Zip Code

33145

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

Juan F. Benemelis

REGISTERED AGENT MUST SIGN

Date 02/19/03

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
P	JUAN F. BENEMELIS	15311 S.W. 213 AVE	MIAMI FL 33187
SVPT	MARIO P. MOREJON	855 N.W. 45 AVE. #36	MIAMI FL 33126
VPS	ANDRES GARBINSKI	2632 SW 30 AVE	MIAMI FL 33133

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:

Juan F. Benemelis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/03

Date

305 648 1133

Daytime Phone #