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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 29 AM 11:37

DOCUMENT # P98000020918

1. Corporation Name
Dalacity, USA, Inc.

2. Principal Office Address	3. Mailing Office Address
780 NW Le Jeune Road	Same
Suite, Apt. #, etc.: 324	Suite, Apt. #, etc.:
City & State: Miami, Florida	City & State:
Zip: 33126 Country:	Zip: Country:

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida:

5. FEI Number: 650819661 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Esquire Corporate Services Inc.
Street Address (P.O. Box Number is Not Acceptable): 780 NW Le Jeune Road
Suite, Apt. #, Etc.: Suite 324
City: Miami State: FL Zip Code: 33126

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: 11/29/05
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
DVPS	Vahe Asdourian	780 NW Le Jeune Road Suite 324	Miami, Florida 33126

REINSTATEMENT 04-05

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: _____ 11/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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

From:
Account Name : NICOLAS FERNANDEZ
Account Number : 102566000673
Phone : (305)461-0404
Fax Number : (305)461-0410

CORPORATION REINSTATEMENT

DALACITY USA, INC.

Certificate of Status	1
Certified Copy	0
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