

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 11 AM 11:36

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P98000025966

1. Corporation Name

DISA INVESTMENTS, INC.

2. Principal Office Address

540 Brickell Key Drive
Suite, Apt. #, etc.
#1213

City & State

Miami Florida

Zip Country
33131 USA

3. Mailing Office Address

540 Brickell Key Drive
Suite, Apt. #, etc.
#1213

City & State

Miami Florida

Zip Country

000003509160--2
-12/20/00--01077--017
****900.00 ****900.00

000003509160--2
-12/20/00--01077--018
*****8.75 *****8.75

REINSTATEMENT 99-00

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

3/17/98

SP

5. FEI Number

65-0820592

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

PETER M. LOPEZ, ESQ.

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

c/o Rollnick & Linden, P.A.

Suite, Apt. #, Etc.

133 Sevilla

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

Date

12/7/00

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
D	Antonio Albano	540 Brickell Key Dr., #1213	Miami, Florida 33131
D	Caterina S. DeAlbano	540 Brickell Key Dr., #1213	Miami, Florida 33131
D	Domenico Albano	540 Brickell Key Dr., #1213	Miami, Florida 33131
D	Giovanna Albano	540 Brickell Key Dr., #1213	Miami, Florida 33131

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 507.0401 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

Date

12/7/00

Daytime Phone #

305 444-7800