

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000051834

99 NOV -1 PM 12:52

1 Corporation Name

DARIO DESIGN, INC.

Principal Place of Business

Mailing Address

402 MAJORCA AVE.
CORAL GABLES FL 33134

402 MAJORCA AVE.
CORAL GABLES FL 33134



05-06-99-90227-032 \$150.00

If you find any incorrect information, line through incorrect information and enter correction below.

277 Miracle Mile Suite, Apt. #, etc. 204 Coral Gables, FL Zip 33134 Country US	277 Miracle Mile Suite, Apt. #, etc. 204 Coral Gables, FL Zip 33134 Country US
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4. Date Incorporated or Qualified To Do Business in Florida 06/08/1998	Applied For
5. FEI Number 65-0838906	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
✓	Ruben D. Balda Sr.	277 Miracle Mile #205 Coral Gables, FL	Coral Gables, FL 33134
✓	Ruben D. Balda Jr.	277 Miracle Mile #205 Coral Gables, FL	Coral Gables, FL 33134

8. Name and Address of Current Registered Agent

BALDA, RUBEN Sr.
402 MAJORCA AVE.
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Ruben Balda
Street Address (P.O. Box Number is Not Acceptable) 277 Miracle Mile #205
Suite, Apt. #, Etc.
City Coral Gables
State FL
Zip Code 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Hrs absent. to Nov 2nd 1999 Date 10/25/99.

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruben Balda Jr.

10/25/99

Date

Daytime Phone #

305-443-3400

CR2E040 (8/99)