

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 17 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **998000057606**

1. Corporation Name

DACORD INTERNATIONAL, INC.

2. Principal Office Address

2550 NW 25 ST.

Suite, Apt. #, etc.

117

City & State

MIAMI, FL

Zip

3-122

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT

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

JUNE 26, 1998

5. FEI Number

65-0848923

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

DAVID ALBERTO CORDERO

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

7125 SW 95 ST.

Suite, Apt. #, Etc.

City

PINECREST,

State
FL

Zip Code

33156

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

David Cordero

REGISTERED AGENT MUST SIGN

Date **4/6/00**

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
PRES.	DAVID A. CORDERO	2550 NW 72 AVE. SUITE 117	MIAMI, FL, 33122

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:

David Cordero, **DAVID CORDERO**

4/6/00

305-406-9995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)