

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

02 APR 15 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099339

**1. Corporation Name**

DM SOUTH INVESTMENTS INC.

**2. Principal Office Address**

3899 NW 7th St.

**3. Mailing Office Address**

**Suite, Apt. #, etc.**

Suite #203

**Suite, Apt. #, etc.**

**City & State**

Miami FL

**City & State**

**Zip**

33126

**Country**

**Zip**

**Country**

**REINSTATEMENT 01-02**

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

**5. FEI Number:**

65-0962761

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 A. BABAIN

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

3899 NW 7th St.,

**Suite, Apt. #, Etc.**

Suite #203

**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:**

☒

*D. Babain*

REGISTERED AGENT MUST SIGN

Date **March 30, 2002**

**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
PSVT	BABAIN DAVID	3899 NW 7th St., #203	Miami FL 33126

**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: ☒

*D. Babain*

DAVID BABAIN PRESIDENT

4/10/02

(305) 932-5797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEPARTMENT OF STATE  
 FOR DEPOSIT ONLY  
 ACCOUNT # 100906796  
 AUG 21 2001  
 4112 15779  
 6640521694  
 064000109  
 030241082  
 010541082 .00-23-01  
 10000055000/

Check # 9999 For \$550.00 Posted 08/23/01

Check # 9999 For \$550.00 Posted 08/23/01

Balance \$250.00

March 30, 2002


To: Division of Corporations

Subject: DM South Investments Inc.  
Annual Report 2001

As per various conversations with your department due my corporation was administrative dissolved without me being aware of it, and the problem was that I never received the first or second 2001 Annual Reports, as discussed, you will waive the penalties and applied the \$500.00 check you have with my reinstatement form for 2002 that I submitted, to the years 2001 and 2002 with still I would have a refund of \$ 250.00.

Sorry for any inconvenience this could have caused.

Sincerely yours,

  
David Babain.  
PRESIDENT