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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 15 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 350248

1. Corporation Name
DADI, CORP.

Principal Place of Business Mailing Address

2040 SW 127 AVE
MIAMI FL 33175

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida 05/07/91

5. FBI Number Applied For: Not Applicable

65-0327068

8. CERTIFICATE OF STATUS DESIRED See 75. A financial for...

7. Names and Home 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	MARIA RUIZ J. (DELETED)	1301 SW 126 PL	MIAMI FLORIDA 33187
PRES.	JORGE E. LOPEZ	2040 SW 127 AVE.	MIAMI FLORIDA 33175

REINSTATEMENT

07-99
2/15/99

8. Name and Address of Current Registered Agent

MARIA RUIZ J.
1301 SW 126 PL
MIAMI FL 33187

9. Name and Address of New Registered Agent

Name: JORGE E. LOPEZ
Street Address (P.O. Box Number is Not Acceptable): 2040 SW 127 AVE
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33175

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: *Jorge E. Lopez* Date: 02/12/99

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: *Jorge E. Lopez* President Date: 2/12/99 (305) 310-0699

Prepared By: L.A. Services Enterprises, Inc. 7295 W. Flagler St. Miami, FL 3314
Tel: (305) 260-0201

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**Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State**

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To:
Division of Corporations
Fax Number : (850) 922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

DADI, CORP.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,058.75