PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 9/96

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

APPROVED AND FILED
96 NOV -7 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V34454

1. Corporation Name
D. M.O. Properties, Inc.

Principal Place of Business
730 Coral Way Apt#101
Coral Gables, Fl
33134

Mailing Address
(Same)

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

800002000588--2
-11/08/96--01077--007
****783.75 ****783.75

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
730 Coral Way Apt#101	(Same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Coral Gables, Fl 33134	
City & State	City & State
Zip 33134 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0383813 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres & Sec	Domingo Montes de Oca	730 Coral Way Apt #101	Coral Gables, Fl 33134

REINSTATEMENT 11/96
A. Alan
11-7-96

8. Name and Address of Current Registered Agent

Domingo Montes de Oca
730 Coral Way Apt #101
Coral Gables, Fl 33134

9. Name and Address of New Registered Agent

Name: Domingo Montes de Oca
Street Address (P.O. Box Number is Not Acceptable): 730 Coral Way Apt #101
Suite, Apt. #, Etc.:
City: Coral Gables, Fl
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.

Signature of Registered Agent: [signature] Date: 11/6/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] Domingo Montes de Oca 11/6/96 444-8998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #