

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 24 PM 3:12

SECRETARIY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98A00059000-

1. Corporation Name

DADE VENTURES INC.

2. Principal Office Address

3024 SW 27th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3024 SW 27th Ave

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33133

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 2 1998

5. FEI Number

65-0867531

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

Denise Larsen

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

3024 SW 27th Ave

Suite, Apt. #, Etc.

City

Miami Florida

State

FL

Zip Code

33133

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

Denise Larsen

REGISTERED AGENT MUST SIGN

400003248984-7

Date 05/11/00-01099-011

***900.00 ***900.00

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	Ramon Chimelis	211 Shell Point W	Maitland Fla. 32751
Secy	Denise Larsen	3024 SW 27th Ave	Miami Florida 33133

REINSTATEMENT 99-00 TS

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:

Denise Larsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

305-461-9190

Daytime Phone #

CR2E081 (9/99)