

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 29 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000110343

1. Corporation Name

DITAS CORPORATION

Principal Place of Business

Mailing Address

10322 SW 27TH STREET
MIAMI FL 33165

10322 SW 27TH STREET
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable

7900 NW 155 STREET

Suite, Apt. #, etc.

101

City & State

MIAMI LAKES, FL

Zip

33016

Country

USA

3. New Mailing Office Address, If Applicable

7900 NW 155 STREET

Suite, Apt. #, etc.

101

City & State

MIAMI LAKES, FL

Zip

33016

Country

USA

REINSTATEMENT

03-04



700030734457

03/18/04--01055--024 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/2002

5. FEI Number

59-3763121

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	DITAS, RICK	10322 SW 27TH STREET	MIAMI FL 33165
VP	DITAS, RICK	10322 SW 27TH STREET	MIAMI FL 33165
SEC	DITAS, RICK	10322 SW 27TH STREET	MIAMI FL 33165
TREA	DITAS, RICK	10322 SW 27TH STREET	MIAMI FL 33165

700030734457

03/31/04--01019--011 **200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DITAS, RICK
10322 SW 27TH STREET
MIAMI FL 33165

Name

RICK DITAS

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

16102 NW 79 COURT

Suite, Apt. #, Etc.

MIAMI LAKES

City

MIAMI LAKES

State

FL

Zip Code

33016

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/15/04

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/04

Daytime Phone #

305
825-7665

CR2E040 (7/03)