PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99AR

FILED
99 OCT 20 PM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000071270**

1. Corporation Name

DES/CON, INC. OF MIAMI

Principal Place of Business	Mailing Address
13406 SW 128TH STREET MIAMI FL 33186	13406 SW 128TH STREET MIAMI FL 33186

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/08/1993

5. FEI Number: 65-0447810 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PRANDINI, CRAIG	~~16721 SW 278TH ST~~ 13406 S.W. 128 ST.	~~HOMESTEAD FL 33031~~ MIAMI FL 33186
D	LYLES, GARY	13406 S.W. 128 ST.	MIAMI, FL 33186
			600003029896---6 -11/01/99--01007--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GALIVEN, W.R. 13406 SW 120TH STREET MIAMI FL 33186	Name: PRANDINI, CRAIG Street Address (P.O. Box Number is Not Acceptable): 13406 S.W. 128 ST. Suite, Apt. #, Etc.: City: MIAMI State: FL Zip Code: 33186

CR2E040 (8/99)

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: Craig Prandini REQUIRED Date: 10/15/99
REGISTERED AGENT MUST SIGN

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: Craig Prandini REQUIRED 10/15/99 (305) 233-7239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DES/CON, INC. OF MIAMI
13406 SW 128TH STREET
MIAMI, FL 33186
Tel 305-233-7239

October 14, 1999

2

Florida Department of State
Division of Corporations
P.O. Box 6237
Tallahassee, Florida 32314

Re: Document # P93000071270

Sirs,

We have received your notice of administrative dissolution of the Corporation in reference.

Please notice the enclosed letter sent by the Florida Department of State on September 20, 1999, which states that the Corporation Annual Report Form was received but it was returned without filing because they found no record of the entity named in our document.

On September 7, 1999 the Resignation of William Galivan, Officer/Director was filed. Copy attached.

The Reinstatement Form received still shows the name William Galivan as the Registered Agent with the wrong address, where all these documents were originally sent.

Because of the reasons stated above the filing of the Corporation Annual Report has not been properly completed. We are requesting that the late filing fees be waived.

Thank you,

Craig Prandini

CRAIG PRANDINI
DIRECTOR
DES/CON, INC. OF MIAMI

Encl. Original Filing Fee of $150.00