

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

13406 SW 128TH STREET
MIAMI FL 33186

Mailing Address

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PRANDINI, CRAIG	10781 SW 270TH ST 13406 S.W. 128 ST.	HOMESTEAD FL 33091 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

GALIVEN, W.R.
13406 SW 120TH STREET
MIAMI FL 33186

9. Name and Address of New Registered Agent

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

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

REGISTERED AGENT MUST SIGN

Date 10/15/99

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99

Date

(305) 233-7239

Daytime Phone #

CRZEM (8/99)

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

October 14, 1999

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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.

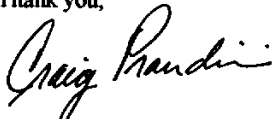
Please notice the enclosed letter sent by the Florida Department of State on September 20, 1999, which states that the Corporation Annual Report Form was received but it was returned without filing because they found no record of the entity named in our document.

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
DIRECTOR
DES/CON, INC. OF MIAMI

Encl. Original Filing Fee of \$150.00