

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S71929**

1. Corporation Name

DESOTO Shell, INC.

2. Principal Office Address

5704 14th St W.

3. Mailing Office Address

4506 26th St. W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit # C

City & State

Bradenton - FL

City & State

Bradenton - FL

Zip

34207

Country

USA

Zip

34207

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1991

5. FEI Number

65-0270157

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03

7. Name and Address of Current Registered Agent

Name

Kourosh Attari

100023964391

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

6391 JACKIE LYNN CT.

Suite, Apt. #, Etc.

SARASOTA

City

SARASOTA

State

FL

Zip Code

34241

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

REGISTERED AGENT MUST SIGN

Date **10/17/03**

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
P	Attari, Kourosh	6391 JACKIE LYNN CT.	SARASOTA, FL, 34241
T	ALEXANDER, KAY, D/GO!	750 N. TAMiami Trail APT # 1107	SARASOTA, FL, 34235

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:

Kourosh Attari

Pres. 10-17-03 941-704-5178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

20f2

10/17/03

To Whom It May Concern

Dear Madam / Sir

My office did not receive the annual reinstatement form. I contacted your department and they advise me the best quickest way to get it and mail this form is on the Internet.

Attached you will find a complete form with the correct and updated director and officer's information.

Should you have any question please contact me at 941-704-5178.

We would appreciate if your office waves any penalty.

Thank you in advance.



Kourosh Attari

President