

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 26 PM 12:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

00300077997

1. Corporation Name

IDEECO, INC.

2. Principal Office Address

999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 625

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-00

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/93

5. FEI Number

65-0446279

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

JESUS A. DIAZ

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

3518 SAHARA SPRINGS BLVD.

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33069

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

J. A. Diaz

REGISTERED AGENT MUST SIGN

Date

7/21/00

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
VP	JESUS A. DIAZ	3518 SAHARA SPRINGS BLVD.	POMPANO BEACH, FL 33069
PRES	ROBERTO CAMINO	999 PONCE DE LEON BLVD. SUITE 625	CORAL GABLES, FL 33134

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:

J. A. Diaz

JESUS A. DIAZ

7/21/00

Date

(954) 786-3250

Daytime Phone #