

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

03 OCT 21 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M19090

1. Corporation Name

DIRESA INTERNATIONAL CORP.

Principal Place of Business

5244 LAKE OSBORNE DR
LAKE WORTH FL 33461

Mailing Address

PO BOX 391
LAKE WORTH FL 33460

[Handwritten signature]



REINSTATEMENT 2003

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2570524

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
VP	FONSECA, MARIA R	5244 LAKE OSBORNE DR	LAKE WORTH FL 33461
PD	FONSECA, EDDY ANTONIO	5244 LAKE OSBORNE DR	LAKE WORTH FL 33461
TD	FONSECA, MARVIN JAVIER	5244 LAKE OSBORNE DR	LAKE WORTH FL 33461

500023969065
10/21/03--01057--022 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FONSECA, EDDY
5244 LAKE OSBORNE DR
LAKE WORTH FL 33461

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Handwritten signature]
REGISTERED AGENT MUST SIGN

Date

OCT 10, 03

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

Daytime Phone #

OCT 10, 03 (561) 547-0724

CR2E040 (7/03)