

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 AM 11:11

DOCUMENT # *656864*

1. Corporation Name

Desmisten's, Inc

W0000007426

100003203421--6
-04/11/00--01065--008
***1050.00 ***1050.00

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. & etc.



Raymond Turner
180 Hilltop Pl.
Altamonte Spg., FL 32701-7604

City & State

City & State

Zip

Country

Zip

Country

Seminole

32701

4. Date Incorporated or Qualified
To Do Business in Florida *1982*

5. FEI Number

59-2872016

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

Raymond E Turner

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

180 Hilltop Pl

Suite, Apt. #, Etc.

City

Altamonte Sp

State

FL

Zip Code

32701-7604

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

Raymond E Turner

Pres

REGISTERED AGENT MUST SIGN

Date

27 Mar 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

Pres RAYMOND E TURNER

180 Hilltop Pl

Altamonte Sp, FL

32701

John

REINSTATEMENT 98-00

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:

Raymond E Turner

RAYMOND E TURNER

407.260.2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12 Mar 00

Daytime Phone #

CR2E081 (9/99)