

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 FEB 12 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200012386562
02/12/03--01046--015 **900.00
REINSTATEMENT 02-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F0000006980

1. Corporation Name
DEDIENNE CORP.

2. Principal Office Address 2112 NW 99 AVENUE		3. Mailing Office Address 2112 NW 99 AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI		City & State MIAMI	
Zip FL	Country 33172	Zip FL	Country 33172

4. Date Incorporated or Qualified
State of Business in Florida: **12/15/2000**

5. FEI Number
52-2274829

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 **KAREL VOLOT**

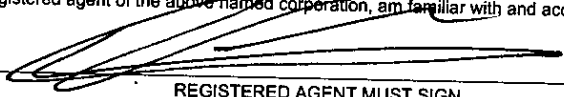
Street Address (P.O. Box Number is Not Acceptable) **2112 NW 99 AVENUE**

Suite, Apt. #, Etc.

City **MIAMI**

State FL	Zip Code 33172
--------------------	--------------------------

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.

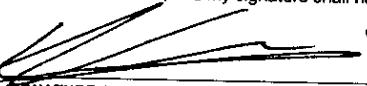
Signature of Registered Agent  **REGISTERED AGENT MUST SIGN**

Date **02/07/2003**

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
PTS	KAREL VOLOT	800 W. AVENUE # 432	MIAMI, FL 33122
VP	JEAN-CLAUDE VOLOT	79 AVENUE DE BELLEVUE	92290 CHATENAY-MALABRY, FRANCE

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:  **KAREL VOLOT**

Date: **02/07/2003** Daytime Phone #: **(305) 716-8300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (1/0/02)

2/12/03

ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.

INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION

- Block 1** Enter the corporation name & document number on file with the Secretary of State in Block 1. The NAME of the corporation can be changed only by filing an amendment.
- Block 2** Type or print principal office address in Block 2.
- Block 3** Type or print the mailing address in Block 3. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)
- Block 4** Enter the date of incorporation or qualification for this corporation.
- Block 5** Complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" was previously reported to this office, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.
- Block 6** Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional \$8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 7** Enter name of the registered agent and/or address. (The registered office address must be a Florida street address.)
- Block 8** The designated registered agent must indicate familiarity with Section 607.0505, F.S., or 617.0503, F.S., and acceptance of its obligations and this appointment by completing and signing in Block 8. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 607.1422(1)(b) or 617.1422(1)(b), F.S. If the registered agent does not sign, the application will be rejected.
- Block 9** Type or print the current officers/directors in the space provided in Block 9. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V=Vice President, D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g. S/D, V/D, P/V/D. A FLORIDA NONPROFIT CORPORATION MUST LIST ALL DIRECTORS (OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. The letter "D" or "T" must appear beside the name and address of each director or trustee in the title portion. NOTE: A director must be a natural person 18 years of age or older. Florida Statutes requires a physical street address be given. The provision of a post office box in Block 9 is an affirmation under oath that no other address is available. If no officers/directors were previously given, they must now be designated.
- Block 10** This report must be signed by an officer or a director of the corporation that is listed in Block 9 or on an attachment. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

FEES:	PROFIT CORPORATION	NON-PROFIT CORPORATION
Reinstatement Fee	\$600.00	\$175.00
Annual Report Fee	\$ 61.25 (for each year dissolved)	\$ 61.25 (for each year dissolved)
Corporate Supplemental Fee (Profit Corporations only)	\$ 88.75 (for each year dissolved 1992 forward)	N/A
Minimum Amount Due	\$750.00	236.25

Fees to Reinstate* Effective January 1, 2003

YEAR DISSOLVED	IF A PROFIT CORPORATION	IF A NON-PROFIT CORPORATION
1993	\$2,250.00	\$848.75
1994	2,100.00	787.50
1995	1,950.00	726.25
1996	1,800.00	665.00
1997	1,650.00	603.75
1998	1,500.00	542.50
1999	1,350.00	481.25
2000	1,200.00	420.00
2001	1,050.00	358.75
2002	900.00	297.50
2003	750.00	236.25

Mailing Address:
 Department of State
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Courier Service Address:
 Department of State
 Division of Corporations
 409 East Gaines St.
 Tallahassee, FL 32399

Internet Address:
<http://www.sunbiz.org>

(850) 245-6059

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

*If dissolved prior to 1993, call 850-245-6059 for filing fee information.

*Add additional \$8.75 for each certificate of status requested.

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-15-2001 90010 043 ***150.00

DOCUMENT # F00000006980

1. Entity Name
DEDIENNE CORP.

Principal Place of Business C/O DM AIRCRAFT SERVICE, INC. 8000 NB.W. 31ST STREET, #18 MIAMI FL 33122	Mailing Address C/O PRAMEX 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020
---	---

27000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-2274829	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

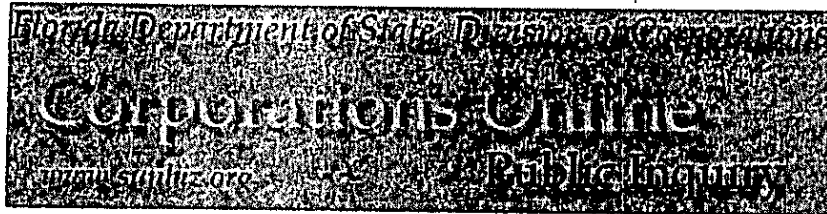
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ST VOLOT, KAREL 79 AVENUE DE BELLEVUE, 92290 CHATENAY-MALABRY, FRANCE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DE SAINT-EXUPERY, VINCENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1251 AVENUE OF THE AMERICAS - 34TH FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VOLOT, JEAN CLAUDE 79 AVENUE DE BELLEVUE, 92290 CHATENAY-MALABRY, FRANCE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COURNOT, PIERRE <input checked="" type="checkbox"/> Delete 685 FIFTH AVENUE NEW YORK NY 10022 <i>del</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CFR2004 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vincent De Saint-Exupery* **VINCENT DE SAINT-EXUPERY** **02/06/01 (212) 583 4920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/21/01



Foreign Profit

DEDIENNE CORP.

PRINCIPAL ADDRESS
 C/O DM AIRCRAFT SERVICE, INC.
 8000 NB.W. 31ST STREET, #18
 MIAMI FL 33122

MAILING ADDRESS
 C/O PRAMEX
 1251 AVENUE OF THE AMERICAS
 NEW YORK NY 10020

Document Number F00000006980	FEI Number 522274829	Date Filed 12/15/2000
State DE	Status INACTIVE	Effective Date NONE
Last Event REVOKED FOR ANNUAL REPORT	Event Date Filed 10/04/2002	Event Effective Date NONE

Registered Agent

Name & Address
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

Officer/Director Detail

Name & Address	Title
VOLOT, KAREL 79 AVENUE DE BELLEVUE, 92290 CHATENAY-MALABRY, FRANCE	P
VOLOT, JEAN CLAUDE 79 AVENUE DE BELLEVUE, 92290 CHATENAY-MALABRY, FRANCE	V
COURNOT, PIERRE 665 FIFTH AVENUE NEW YORK NY 10022	S
DESAINTE-EXUPERY, VINCENT 1251 AVENUE OF THE AMERICAS/34TH FLR NEW YORK NY 10020	S

Annual Reports

Report Year	Filed Date	Intangible Tax

2001

03/01/2001

[Previous Filing](#)

[Return to List](#)

[Next Filing](#)

[View Events](#)
No Name History Information

Document Images

Listed below are the images available for this filing.

03/01/2001 -- ANN REP/UNIFORM BUS REP
12/15/2000 -- Foreign Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)

[Corporation Help](#)