

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000000757

1. Corporation Name

UNIDESA U.S.A., INC.

Principal Place of Business

14231 SEAWAY RD., #E5
GULFPORT MS 39503

Mailing Address

14231 SEAWAY RD., #E5
GULFPORT MS 39503

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

505
City & State

DAVIE, FL

Zip 33328

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2001

5. FEI Number

64-0873470

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HERNANDEZ, MANUEL L	CRTRA CASTELLAR 298	TERRASSA, BARCELONA SPAIN
V	GERALT, EDUARDO	CRTRA CASTELLAR 298	TERRASSA, BARCELONA SPAIN
S	HARRISON, CHARLES F	1833 E. 17TH ST, STE 210	SANTA ANA CA
S.A.	Martinez, Juan C.	5400 S. University Dr. #505	DAVIE, FL 33328

200008707562

10/30/02-01104-019 **750.00

8. Name and Address of Current Registered Agent

BARTHET, PATRICK C
200 S. BISCAYNE BLVD., STE 1800
MIAMI FL 33131

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02 (954) 680-2505

Date

Daytime Phone #

CR2E040 (8/02)