

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 23 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005748

1. Corporation Name

DMSEA CORP.

2. Principal Office Address

915 MIDDLE RIVER DRIVE

Suite, Apt. #, etc.

SUITE 506

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

3. Mailing Office Address

915 MIDDLE RIVER DRIVE

Suite, Apt. #, etc.

SUITE 506

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/2001

5. FEI Number  
65-1148550

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

MORAITIS, GEORGE R

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

915 MIDDLE RIVER DRIVE

Suite, Apt. #, Etc.

SUITE 506

City

FORT LAUDERDALE

State  
FL

Zip Code

33304

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 12/11/02

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
PSTD	DAVILA, LINA	5000 N. OCEAN BLVD. #707	FORT LAUDERDALE, FL 33308
VD	DAVILA, HELENA	5000 N. OCEAN BLVD. #707	FORT LAUDERDALE, FL 33308

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/11/02

12/30

MORAITIS, COFAR & KARNEY  
ATTORNEYS AT LAW

GEORGE R. MORAITIS  
LAWRENCE J. COFAR  
WILLIAM M. KARNEY

GALLERIA PROFESSIONAL BUILDING  
Suite 506  
915 Middle River Drive  
Fort Lauderdale, FL 33304  
Telephone (954) 563-4163  
FAX (954) 563-5913  
Senders E-Mail Address  
gmoraitisjr@mcklaw.com

GEORGE R. MORAITIS JR.

December 12, 2002

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

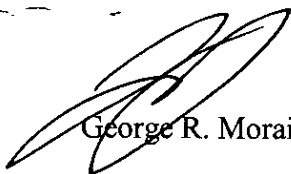
**Re: Reinstatement Application  
DMSEA Corp.  
Our File No.: 01C-441M**

Dear Sir/Madam:

The 2002 Annual Report for the above Corporation was never received in time for filing. Therefore, we are submitting an Application for Reinstatement as instructed by your office. Enclosed you will find the Application along with a check in the amount of \$158.75 which includes the processing fee for the Application of Reinstatement along with the fee for a Certificate of Status to be returned to office.

Should you require any additional information, please feel free to contact me at the office number or address listed above.

Very truly yours,



George R. Moraitis, Jr.

GRMjmf  
Enclosure(s)