

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV 12 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F57189

1. Corporation Name

DENKO INTERNATIONAL SALES INCORPORATED

Principal Place of Business

301 ALMERIA STE 210
CORAL GABLES FL 33134

Mailing Address

301 ALMERIA STE 210
CORAL GABLES FL 33134

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.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1981

5. FEI Number

59-2141872

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
V	SACASA, DENNIS J	301 ALMERIA / STE 210	CORAL GABLES FL
#p	SACASA, DENNIS J	301 ALMERIA / STE 210	CORAL GABLES FL
V	SYLVIANE SACASA	301 ALMERIA #210	CORAL GABLES, 33134

Mik
REI

STATEMENT 1996
D. Alan

8. Name and Address of Current Regis

SACASA, DENNIS J
301 ALMERIA STE 210
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

11-12-96

Street / P.O. Box Number is Not Acceptable

Suite, Apt. #, Etc.

City

800002004468--3

-11/14/96--01050--002

175.00

175.00

10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date SEPT 15, 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 DENNIS SACASA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #