

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 DEC -4 AM 2:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F57189**

1. Corporation Name
**DENKO INTERNATIONAL SALES
INC.**

Principal Office Address
**1825 PONCE DE LEON
BLVD.**

3. Mailing Office Address

Suite, Apt. #, etc.
#274

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State

Zip
33134

Country
USA

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **DEC. 8, 1981**

5. FEI Number
59-2141872

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DENNIS SACASA **300003500413--1**

Street Address (P.O. Box Number is Not Acceptable)
1825 PONCE DE LEON BLVD. #274 **-12/13/00--01104--011**
*****750.00 ***750.00**

Suite, Apt. #, Etc.

City
CORAL GABLES

State
FL

Zip Code
33134

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 Date **DEC. 1, 2000**
REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|-------------------------|
| P/S | DENNIS SACASA | 1825 PONCE DE LEON #274 | CORAL GABLES, FL. 33134 |
| VP | SILVIANE SACASA | 1825 PONCE DE LEON #274 | CORAL GABLES, FL. 33134 |
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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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **D. SACASA** **DEC. 1, 2000** **305 567-9145**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)