

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 JAN 31 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H46428

1. Corporation Name

TEQUESTA INTERNATIONAL CORPORATION

2. Principal Office Address

686 U.S. # 1

3. Mailing Office Address

10463 FAIR OAKS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TEQUESTA, FL.

City & State

COLUMBIA, MD.

Zip

33469

Country

USA

Zip

21044

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1985

5. FEI Number

59-2502471

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

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7. Name and Address of Current Registered Agent

Name

Geoffrey L. Jones, Esquire

JECK, HARRIS & JONES, LLP

Street Address (P.O. Box Number is not acceptable)

1061 E. INDIANTOWN RD

Suite, Apt. #, Etc.

SUITE 400

JUPITER

State  
FL

Zip Code  
33477

LS

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

BY: GEOFFREY L. JONES, REGISTERED AGENT MUST SIGN

Geoffrey L. Jones, Esquire

Date

1/30/2001

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
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P	FREDERICK C. ONORATO	10463 FAIR OAKS	COLUMBIA, MD.
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21044

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\*\*\*\*908.75 \*\*\*\*908.75

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

FREDERICK CONORATO, PRES. 1/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #