

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**-CORPORATION
REINSTATEMENT**



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

FILED

02 OCT 14 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L53905

1. Corporation Name

DESTIJL INTERNATIONAL, INC.

2. Principal Office Address

610 Garrison Cove Lane

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33602

Country

U.S.

3. Mailing Office Address

610 Garrison Cove Lane

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33602

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/23/1990

5. FEI Number

59-3002355

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name

Michael L. Adams

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

610 Garrison Cove Lane

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/9/2002

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/D	Michael L. Adams	610 Garrison Cove Lane	Tampa, FL 33602
V/D	Rey M. Ortega	610 Garrison Cove Lane	Tampa, FL 33602

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] PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/2002

Daytime Phone #

813-288-8499

CR2001 (9/01)

10/14/02