PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State Division of corporate	09 DEC 18 AM 8: 48
DOCUMENT # NOOOOOOO 26	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DESIR & Associates, INC	
2. Principal Office Address - No P.O. Box # 670/ SW 64h SF 670/ SW 67 Suite, Apt. #, etc. 3. Mailing Office Address 670/ SW 67	SIGO 1 63787078 12/18/0901037006 **315.00 CR2E081 (12/08) 05-09
City & State City & State	To Do Business in Flonda Applied For
Tembroke Time FUF Embroke Time Zip Country 2 Zip Country	10 4C 65097 4309 Not Applicable
	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Name VIRICK Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Pembroke P.N. State FL. 3	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 10-22-2009 REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporat	ions must list at least 3 directors)
	et Address of Each er and/or Director City / State / Zip
DIR. NOEMIR DESIR 6701 SI	W 6th St Pembroke GNER 33023
VP NATASHA DESIR 6701 S	W 6th St Pembroke Pais # 33023
AGY WIRICK DESIR 6701 SU	16th At Tembroke Tike F1 33023
M KRISTINA DESIR 670/SU	164 St Jembroke PINS A 33023
71	V/2\
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 filling 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 contained in Chapter 119, 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: MEME CLASE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE	ID- 222009 RECTOR Date Daytime Phone #

954-966-0293