

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 -9 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004981

1. Corporation Name

O.E.T.D., INC;
580 NE 127th STREET Apt# 21
MIAMI, FL. 33161

2. Principal Office Address

580 NE 127th STREET

Suite, Apt. #, etc.

21

City & State

MIAMI, FL

Zip

33161

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2000

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

AUGUST 20th 2000

5. FEI Number

65-0942932

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GABRIEL DEMOSTHENE

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

580 NE 127th STREET Apt# 21

Suite, Apt. #, Etc.

21

City

MIAMI

State

FL

Zip Code

33161

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]

Date 10-24-00

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	GABRIEL DEMOSTHENE	580 NE 127th ST Apt# 21	MIAMI, FL. 33161
D	NORMAN RAMZARINE	13031 SW 17th ST	MIAMI, FL. 33175
T	EMMANUEL COLAS	265 NW 130TH STREET	MIAMI, FL. 33168
D	MARIA STELLA DISSESSA	8500 BISCAYNE BLVD # E-528	MIAMI, FL. 33138
D	GARRY PETIT HOMME	6438 NE 1st PLACE	MIAMI, FL. 33138
S	NESLYNE NAISSANCE CHARLESTIN	580 NE 127TH ST APT # 21	MIAMI, FL 33161

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]

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-00

Date

Daytime Phone #

CR2E081 (9/99)