

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000020097

1. Corporation Name

SDT ENTERPRISES, INC.

Principal Place of Business

4485 MERIDIAN AVE.  
MIAMI BEACH FL 33140

Mailing Address

4485 MERIDIAN AVE.  
MIAMI BEACH FL 33140



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/2000

5. FEI Number

65-0986089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GOTRO, SANDI D	4485 MERIDIAN AVE	MIAMI BEACH FL 33140

400008700934  
10/30/02--01078--014 \*\*150.00

8. Name and Address of Current Registered Agent

GOTRO, SANDI DEAN  
4485 MERIDIAN AVE.  
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02 (786) 252-6325

*SDT Enterprises, Inc.*

*Sandi Tibi  
4485 Meridian Avenue  
Miami Beach, Florida, 33140  
Phone (305) 604-6325  
Fax (305) 604-8306  
Bashatibi@aol.com*

*October 28, 2002*

DIVISION OF CORPORATIONS  
Annual Report/ Reinstatement Section  
PO Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Due to confusion regarding my business forwarding address I never received the Annual Report Filing Notice(s). Somewhere between my home and my Payroll contractor it never got to the right address. And having my new corporation, I didn't know to expect it. I spoke with your office and they informed me to send you the Filing plus the \$150.00 fee. Thank you for your patience regarding this matter.

*Sincerely,  
Sandi D. Gotro  
President  
SDT Enterprises*