

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 11 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000098375

1. Corporation Name

OTTO AND RETO INC.

Principal Place of Business

5024 N FEDERAL HWY
LIGHTHOUSE POINT FL 33064

Mailing Address

5024 N FEDERAL HWY
LIGHTHOUSE POINT FL 33064



REINSTATEMENT

2001

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

2. New Principal Office Address, If Applicable

Same

3. New Mailing Office Address, If Applicable

Same

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1053875

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Patrick DeTalance	381 Driftwood Terr	Boca Raton, FL 33431
V.P.	Reto Demamels	20890 Encanto Court	Boca Raton, FL 33435
Sect.	Reto Demamels	381 Driftwood Terr	Boca Raton, FL 33431
Tres.	Patrick DeTalance	381 Driftwood Terr	Boca Raton, FL 33431

8. Name and Address of Current Registered Agent

DE TALANCE, PATRICK
381 DRIFTWOOD TERRACE
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

Same

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

Suite, Apt. #, Etc.

000004739750--0

City

12/25/01 State Zip Code
***750, FL ***750.00

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

12-10-01

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-10-01 954-420-5670

CR2E040 (8/01)