


H06000198229 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

06 AUG -8 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000014320

1. Corporation Name

DENIS GROUP CORP.

2. Principal Office Address
340 W 62 ST

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State

Zip
33012

Country
MIA-DADE

Zip Country

REINSTATEMENT

04-06

4. Date Incorporated or Qualified To Do Business in Florida **02/07/2001**

5. FEI Number
651074807

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
DENIS ACOSTA

Street Address (P.O. Box Number is Not Acceptable)
340 W 62 ST

Suite, Apt. #, Etc.

City
HIALEAH

State Zip Code
FL 33012

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 **08/04/06**

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
PD	DENIS ACOSTA	340 W 62 ST	HIALEAH, FL 33012

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:

08/04/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

H06000198229 3

K. Eckel AUG 08 2006

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 205-0384

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

DENIS GROUP CORP.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,208.75

04-06 REI
1058.75

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