

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 18 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000044491

1. Corporation Name

DESYSKO CORP.

2. Principal Office Address c/o Mallah,
Forman & Company P.A.

Suite, Apt. #, etc. 1001 Brickell
Avenue, Ste. 1400

City & State
Miami, Florida

Zip Country
333131 USA

3. Mailing Office Address c/o Mallah,
Forman & Company, P.A.

Suite, Apt. #, etc. 1400 Brickell
Avenue, Ste. 1400

City & State
Miami, Florida

Zip Country
33131 USA

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida** 5/3/01

5. FEI Number 80-0007195 ☒ 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
Peninsula Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Boulevard

Suite, Apt. #, Etc.
43rd Floor

City
Miami

300014309143

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State Zip Code
FL 33131

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 By: Debra Palmisano

Date 03.06.03

REGISTERED AGENT MUST SIGN Debra Palmisano, Vice President

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
D	Tchinnosian, Jorge	40205 Fisher Island Dr.	Miami, Florida 33109

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jorge Tchinnosian, Director

Date

Daytime Phone #

3/6/03

305.538.0887

CR2E081 (10/02)