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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		77.007.07.000		a		O	
CORPORATION REINSTATEMENT		DEPARTMENT OF Katherine Harris Secretary of State	FSTATE		FILE	_	
<i>OF</i>	DIV	ISION OF CORPORATION	is !		GOTIAT E		
DOCUMENT # P0/0000 74253			SECRETARY OF STATE DALLAHASSEE, FLORIDA				
Discola Corp	pration	,					
1. Corporation Name DiSort COrp			į	00 (05/02/0	001787 301049	75220 001 **30	0.00
2. Principal Office Address		Office Address					
7089 NH 50ST	 -	089 NWS	051	ļ			
Suite, Apt. #, etc. Mig Mi	Suite, Apt. #,				orated or Qualified ness in Florida		11 May 1 May
City.8. State MiaMi FC Zip 33166 Country		ami FC				Applied For Not Applicable	
33/64 Country	Zip 35/	6b Country		6. CERTIFICATE	OF STATUS DESIRE		tional Fee required tificate of Status
	7. 1	Name and Address of Cur	rent Registere	ed Agent			
Name	· . (carri Qui	rt, V	irania			
Street Address (P.O. Box Number		_	_ ′	_	<u></u>		
Suite, Apt. #, Etc.		5221 6					
City	Apt 304						
Sity .		MigMI	<i>'</i>		State Zip Co	166	
8. I, being appointed the registered agent of the	above named corpo	pration, am familiar with and	accept the ob	ligations of section	n 607.0505 or 617.	0503, F.S.	
Signature of Registered Agent					Date	f/28/0	3
	REGISTERED AG		andre sudre a Pare of some	***		/	
9. Names and Street Addresses of Each Office Name of	r and/or Director (Flo		must list at lea	st 3 directors)			
	Officers and/or Directors Officer and/or Direct					City / State / Zip	{
PD Carriguin, Vir	5/11/9-	SZZI Geneu	19 Way	-Apt-304	M-19-m	1-F63	3/06:-
				}]
							
				Ì			- 1
	 -				 _		·
10, I certify that I am an officer or director or the this reinstatement application, the reason for owed by the corporation have been paid and on this application is true and accurate, and	dissolution has been the names of individ	n eliminated, the corporate r duals listed on this form do n	name satisfies to	the requirements on exemption unde	of section 607.0401	or 617.0401, F.S	., that all fees
SIGNATURE: WHILE				41	28/03	305 47	0-8504
SIGNATURE AND TYPED O	R PRINTED NAME OF	SIGNING OFFICER OR DIREC	TOR	- 7	Date (Daytime Pho	ne #



Alfonso Cordero C.P.A., P.A.

Certified Public Accountant

8025 NW 36 Street Suite 302 Miami, Florida 33166

Phone: (305) 599-4111 Fax: (305) 599-0895 Email: corderocpa@aol.com

Services: Income Tax (business and personal)

Accounting Consulting Budgeting SBA Loans IRS e-file

Tax Planning Experience in Nonprofit organizations

New Business Setup

Business Hours:

Monday to Friday 9:00 AM to 5:00 PM Saturdays and week days extended hours during tax season

Our Comittment:

There is nothing more personal than your income taxes. That's why we go out of our way to be accessible to you, to listen to your concerns, and provide you with the individual attention you deserve. "Your success is our success."

Call today for an appointment.

April 28, 2002.

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Disort Corporation.

Document Number: P01000074253

2002 Annual –Uniform Business Report

Dear Sirs:

This letter is regarding the 2002& 2003 Annual Business report of the corporation named above.

We are respectfully requesting the abatement of the penalties fees. Since the above corporation change his mailing address from 5112 NW 79 Avenue Apt 106 Miami, FL 33166 to 7089 NW 50 Street Miami, FL 33166 and when it was time to file the reports she did not received the forms.

Please review the above circumstance and abate the penalty of fees. Mrs. Virginia Carriquiri has made a commitment to make the payment of renewal timely now and in the future, and notify the Division of Corporation of any change that will occur.

Enclosed are an Original Reinstatement Form and a check payable to the Department of State in the amount of \$300.00.

Thanks for your prompt attention to this matter. If you need additional information do not hesitate to call or contact us at 305-599-4111.

Cordially,

Accountant

Virginia Carriquiri Pres. Disort Corporation