

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 18 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105197

1. Corporation Name

DT FIRE GAS CORP.

2. Principal Office Address

2401 NW 30 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

3. Mailing Office Address

2401 NW 30 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

REINSTATEMENT

03

THIRD

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/11/2002

5. FEI Number

65-1136299

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

ERASMO QUESADA

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

2401 NW 30 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/10/03

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
P,D	ERASMO QUESADA	2401 NW 30 AVE,	MIAMI, FL 33142
V,S,D	ELAINE QUESADA	2401 NW 30 AVE	MIAMI, FL 33142

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/03

Daytime Phone #

305 657 5615

CR2E081 (10/02)

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DT FIRE GAS CORP.
2401 NW 30 AVE
MIAMI, FL 33142

Friday, December 12, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #P01000105197

We are filing for reinstatement to pay the annual report for our profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. We moved and forgot to notify the department of our new address. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.


ERASMO QUESADA - PRESIDENT