

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN -1 PM 12: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120255

1. Corporation Name

TEDESA, INC.

2. Principal Office Address  
1820 E. HALLANDALE BEACH BLVD

3. Mailing Office Address  
1820 E. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.  
802

Suite, Apt. #, etc.  
802

City & State  
HALLANDALE BEACH, FL

City & State  
HALLANDALE BEACH, FL

Zip  
33009

Country  
USA

Zip  
33009

Country  
USA

06/22/04 CR2E081 (12/05)  
01045 006 \$900

4. Date Incorporated or Qualified  
To Do Business in Florida 12/20/01

5. FEI Number  
03-0382821

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  
DAVID MIZRAHI

Street Address (P.O. Box Number is Not Acceptable)  
1600 NE 194TH STREET

Suite, Apt. #, Etc.

800076159278  
06/13/06--01046--020 \*\*300.00

City  
NORTH MIAMI BEACH

State  
FL

Zip Code  
33179

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 5/26/2006

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	DAVID MIZRAHI	1600 NE 194TH STREET	NORTH MIAMI BEACH, FL 33179
VD	SARA REBECA LIBERAS	1600 NE 194TH STREET	NORTH MIAMI BEACH, FL 33179
SD	CHEMAYA MIZRAHI	1600 NE 194TH STREET	NORTH MIAMI BEACH, FL 33179
T	DAVID MIZRAHI	1600 NE 194TH STREET	NORTH MIAMI BEACH, FL 33179
		06/13	

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 contained in Chapter 119, 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

5/26/2006

Date

954-454-6764

Daytime Phone #