

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000035947**

1. Corporation Name

TOTAL DESIRE, INC.

2. Principal Office Address - No P.O. Box #

7795 W Flagler St.

Suite, Apt. #, etc.

82J

City & State

Miami, FL

Zip

33144

Country

DADE

3. Mailing Office Address

7795 W Flagler St.

Suite, Apt. #, etc.

82J

City & State

Miami, FL

Zip

33144

Country

DADE

7. Name and Address of Current Registered Agent

Name

Rejane Ribeiro

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

7795 W Flagler St.

Suite, Apt. #, Etc.

82J

City

Miami

State

FL

Zip Code

33144

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 of Rejane Ribeiro]

REGISTERED AGENT MUST SIGN

Date **09/29/2008**

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
President	Rejane Ribeiro	7795 W Flagler St. Suite 82J	Miami, FL 33144
VP	Melvin Pereira	S/A	S/A

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 of Melvin Pereira] Melvin Pereira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/29/2008 (786) 375-0353

Date

Daytime Phone #

FILED

08 OCT -2 AM 10: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10702708--01038--005 ***300.00

REINSTATEMENT

07-08

CR2E08T (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04/2002

5. FEI Number

731635454

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status