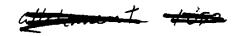
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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED  08 OCT -2 AM 10: 09  SILENCIARY OF STATE
DOCUMENT # Po200035947		TALL AHASSEE, FLORIDA
TOTAL DESIRE,	, INC.	10月9日1月月577559
2. Principal Office Address - No P.O. Box # 7795 W Flagler St. Suite, Apt. #, etc.	Suite, Apt. #, etc.	REINSTATEMENT, 07-08
891	1 68	4. Date Incorporated or Qualified To Do Business in Florida 64 2002
City & State	City & State	5. FEI Number Applied For
Zip Country	Zip Country	731635454 Not Applicable
33144 DADE	33144 DaDE	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Rejane Ribeiro Street Abdress (P.O. Box Number is Not Acceptable) 7795 W Flagler St. Suite, Apt. #, Etc. 837 City State Zip Code		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
Miami FL 33144		
8. I, being appointed the registered agen of the above named compration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Page Page Page Page Page Page Page Page		
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	
President Réjane Ribeiro Suite 82J Miami, Fl. 33144		
VP Melvin Peren	10 5/A	6/A
Ma/3		
7101/2		
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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: Meluin Pereira 09 29 2008 (786) 275-0353		