

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 FEB 17 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000061870

1. Corporation Name

IDET INTERNATIONAL CORPORATION

2. Principal Office Address

780 NW 42 AVENUE

Suite, Apt. #, etc.

SUITE 516

City & State

MIAMI, FL

Zip

33126

Country

3. Mailing Office Address

780 NW 42 AVENUE

Suite, Apt. #, etc.

SUITE 516

City & State

MIAMI, FL

Zip

33126

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
74-3053445

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

000028919680

02/17/04--01025--018 **908.75

7. Name and Address of Current Registered Agent

Name

AURELIO A. PIEDRA, CPA

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

780 NW 42 AVENUE

Suite, Apt. #, Etc.

SUITE 516

City

MIAMI

State
FL

Zip Code
33126

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

Aurelio A Piedra

Date 2-11-04

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
P	PARRA, ALVARO	10969 NW 72 TERR	MIAMI, FL 33178
SD	PALACIOS, JOSE	10969 NW 72 TERR	MIAMI, FL 33178
D	PEREDES, JOSE	10969 NW 72 TERR	MIAMI, FL 33178
D	OSORIO, MARIA	10969 NW 72 TERR	MIAMI, FL 33178
D	GARCIA, RAFAEL	10969 NW 72 TERR	MIAMI, FL 33178

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:

X *Alania Osorio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/11/04 (305) 443-7122

Daytime Phone #

CR2E081 (01/04)