

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000069449**

1. Corporation Name

DEZCA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~6908 NW 169 ST. UNIT F~~
~~MIAMI LAKES FL 33015~~

~~6908 NW 169 ST. UNIT F~~
~~MIAMI LAKES FL 33015~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

2222 SW. 126th AVE.

Suite, Apt. #, etc.

Miramar FL

City & State

33027

Zip

Country

3. New Mailing Office Address, if Applicable

2222 SW. 126th AVE.

Suite, Apt. #, etc.

Miramar FL

City & State

33027

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/2002

5. FEI Number

04-3691640

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	MELENDEZ, BELINDA	6908 NW 169 ST, UNIT F	MIAMI LAKES FL 33015
		2222 SW. 126th AVE.	Miramar FL 33027

8. Name and Address of Current Registered Agent

MELENDEZ, BELINDA
6908 NW 169 ST, UNIT F
MIAMI LAKES FL 33015

9. Name and Address of New Registered Agent

Name

Belinda Mendez

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

2222 SW. 126th AVE.

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Belinda Mendez
REGISTERED AGENT MUST SIGN

Date

3/29/04

11. 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:

Belinda Mendez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/04

Daytime Phone #