

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 # **P02000091622**

1. Corporation Name

**I DEZINE, INC.**

Principal Place of Business

**11428 SW 74TH STREET  
MIAMI FL 33173**

Mailing Address

**11428 SW 74TH STREET  
MIAMI FL 33173**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/22/2002**

5. FEI Number

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
DPT	BLACK, ADAM	11428 SW 74TH STREET	MIAMI FL 33173

**000024575880**  
**11/10/03-01116-012 \*\*150.00**

8. Name and Address of Current Registered Agent

**MARKS, EVAN R ESQ  
100 SE 2ND STREET SUITE 2700  
BANK OF AMERICA TOWER AT INTERNATIONAL PL.  
MIAMI FL 33131-2146**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

**11/6/03**

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:

**Adam Black**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

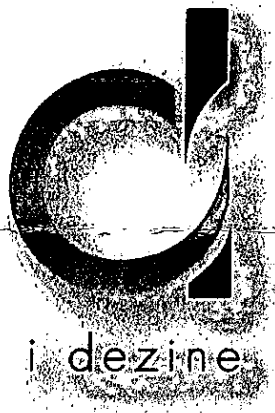
Date

**11/07/03**

Daytime Phone #

**305-279-4883**  
**305-321-7282**

CR2040 (7/03)



11/07/03

To Whom it may concern,

I Dezine had never received a UBR. The first correspondence was this renewal package. Therefore, I'm making payment of the standard \$150.00 for a profit corporation.

Please feel free to contact me at the number listed below to answer any further questions.

Thank you.

Adam Black