

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000128468

1. Corporation Name

DE SOTO'S INVESTMENTS INC.

2. Principal Office Address

3240 RIVER BRANCH CIRCLE

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip

34741

Country

USA

3. Mailing Office Address

3240 RIVER BRANCH CIRCLE

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip

34741

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/05/2002

5. FEI Number

61-1433659

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700024212157
10/28/03--01062--019 **150.00

FILED
03 OCT 14 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

NATHAN SOTO

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

3240 RIVER BRANCH CIRCLE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

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

NATHAN SOTO

Date

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
DP	KEILA SOTO	3240 RIVER BRANCH CIRCLE	KISSIMMEE FL 34741
DV	SYLVIA SOTO	3240 RIVER BRANCH CIRCLE	KISSIMMEE FL 34741

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:

Keila Soto

KEILA SOTO, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

(407) 709-5569

CR2E081 (9/01)

DATE: 10-09-03

TO: **DIVISION OF CORPORATIONS
REINSTATEMENT SECTION**

FROM: **DE SOTO'S INVESTMENTS INC.**

We did not receive from you the Uniform Business Report 2003 by mail.

Please file our renewal for this year.

If you have any questions please contact us at 407-709-5569



Thanks,

KEILA SOTO

DE SOTO'S INVESTMENTS INC.