

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

1072  
**FILED**

03 DEC 16 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000130212**

**1. Corporation Name**

DT NEWGAS CORP.

**2. Principal Office Address**

2401 NW 30 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

**3. Mailing Office Address**

2401 NW 30 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

**REINSTATEMENT** 03 MKS

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

12/11/2002

**5. FEI Number**

412118693

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ERASMO QUESADA

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

2401 NW 30 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

**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

*Erasmus Quesada*

REGISTERED AGENT MUST SIGN

Date

12/10/03

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P,D    | ERASMO QUESADA                       | 2401 NW 30 AVE,                                   | MIAMI, FL 33142    |
| V,S,D  | ELAINE QUESADA                       | 2401 NW 30 AVE                                    | MIAMI, FL 33142    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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:**

*Erasmus Quesada*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/03

Daytime Phone #

305 637 5515

CR2ED01 (10/02)

292

DT NEWGAS CORP.  
2401 NW 30 AVE  
MIAMI, FL 33142

Friday, December 12, 2003

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
PO BOX 6327  
TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #P02000130212

We are filing for reinstatement to pay the annual report for our profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. We moved and forgot to notify the department of our new address. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.

  
ERASMO QUESADA - PRESIDENT