

102

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000132135 1. Corporation Name DESA PROPERTY HOLDINGS CORPORATION			
2. Principal Office Address 1200 BRICKELL AVENUE Suite, Apt. #, etc. 1440 City & State MIAMI, FLORIDA Zip 33131		3. Mailing Office Address 300 Sevilla Ave. Suite, Apt. #, etc. 201 City & State Coral Gables, FL Zip 33134 U.S.A.	
		4. Date incorporated or Qualified To Do Business in Florida 12/17/02	
		5. FEI Number 20-1565945	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>98.75 Additional Fee required with certificate of status.</small>	

REINSTATEMENT 03-04
MRS

7. Name and Address of Current Registered Agent

Name
MELQUISEDEC DE SALVADOR
Street Address (P.O. Box Number is Not Acceptable)
1200 BRICKELL AVENUE
Suite, Apt. #, etc.
1440
City
MIAMI

State
FL

Zip Code
33131

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

Signature of Registered Agent: _____ Date **8/31/04**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVD	MELQUISEDEC DE SALVADOR	1200 BRICKELL AV. #1440	MIAMI, FL 33131
STD	GLORIA DE SALVADOR	1200 BRICKELL AV. #1440	MIAMI, FL 33131

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 118.07(3)(c), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Date **8/31/04**

SIGNATURE AND TYPED OR PRINTED NAME OF ALONSO, GARCIA OR DIRECTOR

292

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : DOMINGO ALONSO C.P.A.
Account Number : I20020000031
Phone : (305) 448-3898
Fax Number : (305) 443-9073

CORPORATION REINSTATEMENT

DESA PROPERTY HOLDINGS CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	01
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