

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAR 19 AM 6:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000123018

1. Corporation Name

TESSIMO, INC

W08-13170

2. Principal Office Address - No P.O. Box #

100 N BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 500

City & State

MIAMI, FL

Zip

33132

Country

USA

3. Mailing Office Address

100 N BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 500

City & State

MIAMI, FL

Zip

33132

Country

USA

100119992491  
03/20/08-01034-025 \*\*150.00  
REINSTATEMENT  
CR2E081(12/07)  
06-08

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/2004

5. FEI Number

90-0312718

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Name

Jade Associates - Olivier Sureau

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

100 N BISCAYNE BLVD

Suite, Apt. #, Etc.

SUITE 500

City

MIAMI

State  
FL

Zip Code  
33132

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

REGISTERED AGENT MUST SIGN

Date 01/09/2008

**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
MR	TESSIER, Serge	100 N BISCAYNE BLVD	MIAMI, FL 33132
MRS	TESSIER, Nathalie	100 N BISCAYNE BLVD	MIAMI, FL 33132

100119992491  
03/17/08-01027-010 \*\*900.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2008 305-579-0220

Date

Daytime Phone #