

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000007435

1. Corporation Name

Remazon Corporation

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

4809 E Busch Blvd

Suite, Apt. #, etc.

Ste 202-1

City & State

Tampa, FL

Zip

33617

Country

USA

3. Mailing Office Address

4809 E Busch Blvd

Suite, Apt. #, etc.

Ste 202-1

City & State

Tampa, FL

Zip

33617

Country

USA

7. Name and Address of Current Registered Agent

Name

D & T Management Group, Inc.

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

4809 E Busch Blvd

Suite, Apt. #, Etc.

Ste 201

City

Tampa

State

FL

Zip Code

33617

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

Daniel Garcia

Date 05/29/2008

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
D	Hsueh, Maria	6633 Lake Cane Dr	Orlando, FL 32819
D	Obuhosky, Daisy	337 W Citrus St	Altamonte Springs, FL 32714
D	Costa, Roberto	1088 Bishop St, Ste 4100	Honolulu, HI 96813
D	Danny Garcia	4809 E Busch Blvd Ste 201	Tampa, FL 33617

000131633160

06/24/08--0104U--U17 **450.00

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:

Daniel Garcia

Danny Garcia

05/29/2008

813-781-6710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JUN 11 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

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

01/14/2005

5. FEI Number

☒ 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.