

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P05000093692**

1. Corporation Name

Union of Ten Inc

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

1004 Long Island Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft Lauderdale, Fl

City & State

Zip

33312

Country

Broward

Zip

Country

7. Name and Address of Current Registered Agent

Name

Jonas Deshommes

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

1004 Long Island

Suite, Apt. #, Etc.

City

Ft Lauderdale, Fl

State

FL

Zip Code

33312

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

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
P,D	Deshommes, Jonas	1004 Long Island Ave	Ft Lauderdale, Fl 33312
VT, D	Rabouin, Louiner	17 NW 42 Terr	Plantation, Fl 33317
D	Deshommes, Guerson	640 Carolina Ave	Ft Lauderdale, Fl 33312
D	Jean-Pierre, Harold	6220 SW 8 Place	North Lauderdale, Fl 33068

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Jonas Deshommes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 17 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800172441638  
03/17/10--01039--002 \*\*450.00

REINSTATEMENT

28-10

4. Date Incorporated or Qualified  
To Do Business in Florida

6/30/2005

5. FEI Number

20-3090301

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.