

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 JUL 26 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9200008173

**1. Corporation Name**

TESMER PROPERTIES, INC.

**2. Principal Office Address**

10264 SW 26 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33165

Country

USA

**3. Mailing Office Address**

10264 SW 26 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33165

Country

USA

**REINSTATEMENT 93-02**

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

**5. FEI Number**

65-0375347

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

Manuel H. Suarez

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

10264 SW 26 Terrace

Suite, Apt. #, Etc.

City

Miami

State  
**FL**

Zip Code

33165

**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

Manuel H. Suarez

REGISTERED AGENT MUST SIGN

Date

7/11/02

**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/P	Manuel H. Suarez	10264 SW 26 Terrace	Miami, Florida 33165
VP	Hilda T. Rodriguez	2200 SW 67 Avenue	Miami, Florida 33155

**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 filling 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:** Manuel H. Suarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/02

(305) 208-6698

Daytime Phone #

CR2E081 (9/01)

7/11/02