

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050525

1. Corporation Name

DESIDERATA, INC.

Principal Place of Business

401 S PARROTT AVE
OKEECHOBEE FL 34972

Mailing Address

210 NE 2 ST
OKEECHOBEE FL 34972
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

210 NE 2 ST

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FL

Zip

34972

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/12/1993

5. FEI Number

65-0431783

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	GILBERT, H.G. JR	C/O 401 S PARROTT AVE	OKEECHOBEE FL 34972
PSD	HOOVER, SUSANNE C.	210 NE 2 ST	OKEECHOBEE FL
D	HOOVER, SUSANNE C	C/O 401 S PARROTT AVE 210 NE 2 ST	OKEECHOBEE FL 34972 OKEECHOBEE, FL 34972

8. Name and Address of Current Registered Agent

HOOVER, SUSANNE C
210 NE 2 ST
OKEECHOBEE FL 34972

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Susan C. Hoover
REGISTERED AGENT MUST SIGN

Date

2-18-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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)(l), 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

Susan C. Hoover

Date

Daytime Phone #

2-18-97 941-763-5109

FILED

97 APR -7 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

96197

mwj