

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 30 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000029271**

**1. Corporation Name**  
RUSS DEES, INC

**2. Principal Office Address**  
2000 ATLANTIC SHORES BLVD

Suite, Apt. #, etc.  
505

City & State  
HALLANDALE BEACH, FL

Zip Country  
33009 USA

**3. Mailing Office Address**  
2000 ATLANTIC SHORES BLVD.

Suite, Apt. #, etc.  
505

City & State  
HALLANDALE BEACH, FL

Zip Country  
33009 USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 04-18-1994

**5. FEI Number**  
65-0482900

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 99-04**

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

Name  
MARTIN H. ALMAN

Street Address (P.O. Box Number is Not Acceptable)  
17290 N.E. 19TH AVENUE

Suite, Apt. #, Etc.

City  
NORTH MIAMI BEACH,

State Zip Code  
FL 33009

**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

*Martin H. Alman*  
REGISTERED AGENT MUST SIGN

Date 08-21-2004

**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
DPS	SYLVIA MASTRO DE PASQUALE	2000 ATLANTIC SHORES BLVD #505	HALLANDALE BEACH, FL 33009
VT	RUSSELL DE PASQUALE	2000 ATLANTIC SHORES BLVD #505	HALLANDALE BEACH, FL 33009

200040652882  
08/31/04 01006 004 \*\*1500.00

**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 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:

*Sylvia Mastro De Pasquale*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/04 305-944-5333  
Date Daytime Phone #

CR2E081 (01/04)