

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <b>APPLICATION FOR REINSTATEMENT</b> </div> <div style="text-align: center;"> </div> <div style="text-align: right;"> <b>DEPARTMENT OF STATE</b>  <b>Florida B. Morham</b>  <b>Secretary of State</b>  <b>DIVISION OF CORPORATIONS</b> </div> </div>			
<b>DOCUMENT # P96000092700</b>			
1. Corporation Name <p style="text-align: center;"><b>DESI, INC.</b></p>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Principal Place of Business</b>  <b>1395 Northwest 95 Terrace P.O. Box 0036</b>  <b>Miami, Florida 33147</b> </div> <div style="width: 45%;"> <b>Mailing Address</b>  <b>Miami, Florida 33168</b> </div> </div>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">         2. New Principal Office Address, If Applicable          Suite, Apt. #, etc.          City &amp; State          Zip      Country       </div> <div style="width: 30%;">         3. New Mailing Office Address, If Applicable          Suite, Apt. #, etc.          City &amp; State          Zip      Country       </div> <div style="width: 35%;">         4. Date Incorporated or Qualified To Do Business in Florida  <p style="text-align: center;"><b>11/12/96, eff. 1/1/97</b></p>         5. FEI Number  <p style="text-align: center;"><b>65-0707715</b></p> <div style="display: flex; justify-content: space-between;"> <span>Applied For</span> <span>Not Applicable</span> </div> </div> </div>			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/D	Veronica R. Bevel	1395 Northwest 95 Terr.	Miami, Florida 33147
V/S/D	William D. Bevel	1395 Northwest 95 Terr.	Miami, Florida 33147
			9600002796709--1 -03/05/99--01117--018 ****150.00 ****150.00
			9600002796709--1 -03/05/99--01117--019 ****150.00 ****150.00
8. Name and Address of Current Registered Agent  <b>AmeriLawyer Chartered</b> <b>343 Almeria Avenue</b> <b>Coral Gables, Florida 33134</b>		9. Name and Address of New Registered Agent Name <b>Spiegel &amp; Utrera, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>343 Almeria Avenue</b> Suite, Apt. #, Etc. <div style="display: flex; justify-content: space-between;"> <span>City <b>Coral Gables</b></span> <span>State <b>FL</b></span> <span>Zip Code <b>33134</b></span> </div>	
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. <div style="display: flex; justify-content: space-between;"> <div>           Signature of Registered Agent By: <u><i>Natalia Utrera</i></u>  <b>Natalia Utrera, Vice President</b> </div> <div>           Date <u>1/21/99</u> </div> </div>			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.      Yes <input type="checkbox"/> No <input type="checkbox"/> (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 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.			
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> <u><i>William D. Bevel</i></u>            SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR         </div> <div> <b>William D. Bevel</b>            Date <u>1-21-99</u> </div> <div>           Daytime Phone # <u>305 693 4370</u> </div> </div>			

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**AFFIDAVIT IN SUPPORT OF  
REQUEST TO WAIVE THE  
FLORIDA DEPARTMENT OF STATE  
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA   )  
                                  )  
COUNTY OF DADE    )

1. William D. Bevel is the Vice-President of DESI, INC., a Florida corporation, (herein "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on October 16, 1998.
3. That the Corporation failed to file its 1998 Annual Report or pay the 1998 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
  - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
  - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State to reinstate the Corporation upon the payment by the Corporation of its 1998 Annual Report fees and the filing of its 1998 Annual Report, which are presented simultaneously with this Affidavit.
5. DESI, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 21 day of January, 1999

FURTHER, AFFIANT SAYETH NOT

DESI, INC.

By: \_\_\_\_\_

William D. Bevel, Vice-President



SWORN AND SUBSCRIBED

before me this 21 day of January, 1999.

\_\_\_\_\_  
Notary Public, State of Florida at Large

Printed Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_