PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -3 AM 8:00

DOCUMENT # P97000008927

1. Corporation Name
DERCO IMPORT EXPORT INC.

REINSTATEMENT 99-04 MRS

2. Principal Office Address	3. Mailing Office Address
5440 NW HIGHWAY 225A	15175 EAGLE NEST LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 103
City & State	City & State
OCALA, FL.	MIAMI LAKES, FL.
Zip / Country	Zip / Country
34482 / USA	33014 / USA

4. Date Incorporated or Qualified To Do Business In Florida: 1/28/97

5. FEI Number: 65-0721578 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JULES DE RON

800028163438
02/03/04--01072--011 **1350.00

Street Address (P.O. Box Number is Not Acceptable): 5440 NW HIGHWAY 225A

Suite, Apt. #, Etc.:

City: OCALA — State: FL — Zip Code: 34482

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: _____ Date: 01-29-04
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
PVSD	JULES DE RON	5440 NW HIGHWAY 225A	OCALA, FL. 34482

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: _____ Jules de Ron President 01-29-04 352 8544563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #