

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000038439

1. Corporation Name

DIMELO CANTANDO, CORP

Principal Place of Business

1000 PONCE DELEON
319
CORAL GABLES FL 33134
US

Mailing Address

1000 PONCE DELEON
319
CORAL GABLES FL 33134
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1997

5. FEI Number

65-0749858

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



600003045936
11/18/02--01042--006--**150.00

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	VARA, VIRGILIO	1541 BRICKELL AVE APT 2804	MIAMI FL 33129
DVP	GEVAS, STEVEN J	300 S POINTE DR # 403	MIAMI FL 33139

8. Name and Address of Current Registered Agent

VARA, VIRGILIO
1541 BRICKELL AVE APT 2804
MIAMI FL 33129

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/10/02

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/02
Date

Daytime Phone #

DIMELO CANTANDO

November 13, 2002

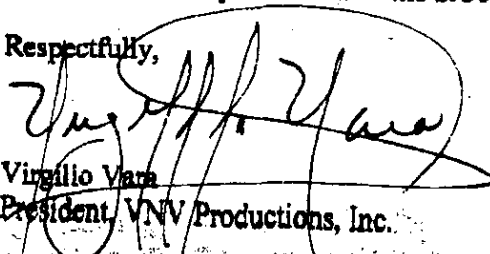
Florida Department of State
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom This May Concern,

Please be informed that I have yet to receive an invoice for payment for *Dimelo Cantando*, Document No. P97000038439, FEI No. 65-0749858.

Per the conversation I had with your representative I have enclosed a check in the amount of \$150 paid to the order of Department of State. If you have any questions or need any more information please contact me at 305-774-9060.

Respectfully,



Virgilio Vara
President, VNV Productions, Inc.