

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 AUG 10 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P970000 92754

## 1. Corporation Name

Desodle corporation

## 2. Principal Office Address

719 Crandon Blvd.

Suite, Apt. #, etc.

#410

City &amp; State

Key Biscayne, FL

Zip

33149

Country

U.S.A.

## 3. Mailing Office Address

719 Crandon Blvd.

Suite, Apt. #, etc.

#410

City &amp; State

Key Biscayne, FL

Zip

33149

Country

U.S.A.

REINSTATEMENT

99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/97

SF

## 5. FEI Number

☒ Applied For  
☐ Not Applicable

## 6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required  
 for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Julio E. Manguart

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

1428 Brickell Avenue

Suite, Apt. #, Etc.

Main Floor

City

Miami

State

FL

Zip Code

33131

## 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

REGISTERED AGENT MUST SIGN

Date

8/9/00

## 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
D	Edouard D. Schenwald	719 Crandon Blvd., #410	Key Biscayne, FL 33149

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edouard D. Schenwald,  
Director

Date

8/9/00 (305) 372-8889

Daytime Phone #

pg 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 794106 169526A

AUTHORIZATION :

COST LIMIT : \$ 908.75

ORDER DATE : August 10, 2000

ORDER TIME : 11:27 AM

ORDER NO. : 794106-005

CUSTOMER NO: 169526A

CUSTOMER: Amy Valiente, Legal Asst  
Manguart & Associates, P.a.  
Main Floor  
1428 Brickell Avenue  
Miami, FL 33131

DOMESTIC FILINGS

NAME: DESODLE CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS \_\_\_\_\_