

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 26 AM 8:00

REINSTATEMENT

03-04
MRD

900028399849
02/26/04--01016--012 **141.25

DOCUMENT #

P-98-34058
P98000034058

1. Corporation Name

DESARIO TRIM INC.

2. Principal Office Address

161 QUAIL POND CIR.

3. Mailing Office Address

161 QUAIL POND CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

City & State

CASSELBERRY, FL

Zip

32707

Country

U.S.A.

Zip

32707

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 13 1998

5. FEI Number

593505317

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

ANDREW D DESARIO

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

161 Quail Pond Cir.

Suite, Apt. #, Etc.

City

CASSELBERRY

State

FL

Zip Code

32707

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

Andrew D. Desario

REGISTERED AGENT MUST SIGN

Date 1/30/04

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
P	ANDREW D DESARIO	161 QUAIL POND CIR	CASSELBERRY, FL 32707

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:

Andrew D. Desario

ANDREW D. DESARIO

1/30/04

407-234-3128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (10/02)