

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		P-98-34058 P9800034058	
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.

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

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.

900028399849
02/26/04--01012--017 **158.75

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

Date 1/30/04

REGISTERED AGENT MUST SIGN

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)