

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 24 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000 83891

1. Corporation Name

CSA Marketing, Inc.

REINSTATEMENT 03

300025736703
12/24/03--01004--002 **150.00

2. Principal Office Address

1566 NW 108 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33172

Country

USA

3. Mailing Office Address

1566 NW 108 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/1998

5. FEI Number

65-0534282

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

Jorge L. Fuste

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

9800 SW 119 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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 12/18/03

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
VD	Fernando Mestri	9271 SW 76 street	Miami, Florida 33173
PD	Martha Mestri	9271 SW 76 street	Miami, Florida 33173
VD	Nennette Fuste	8600 SW 42 Street	Miami, Florida 33155
VD	Jorge L. Fuste	9800 SW 119 Street	Miami, Florida 33176
VD	Marietta Fuste	8630 SW 42 Street	Miami, Florida 33155

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

12/18/03
Date

305-661-8828
Daytime Phone #

Jorge L. Fuste - Director

CR2E081 (10/02)



December 19, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: - CSA Marketing FEIN: 65-0534282

To Whom It May Concern:

Please allow this letter to serve as a notice that CSA Marketing never received the annual uniform business report for 2003. CSA Marketing is requesting for corporate reinstatement and the waiver of any additional fees generally applied to said reinstatement.

As per instructions from a representative from your office, we have enclosed our check for the amount of \$150.00, as well as the **completed** reinstatement application. This amount represents filing fees for 2003.

Should you have any questions with regard to the enclosed, please do not hesitate to contact 305.661.8828 x. 211.

Thank you in advance for your cooperation and assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Marietta Fusté", is written over a horizontal line.

Marietta Fusté
Secretary
mfuste@csamarketing.com

Encl.