

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000017042

1. Corporation Name

DE SOTO INTERNATIONAL INC.

Principal Place of Business

Mailing Address

4995 N.W. 72ND AVENUE  
MIAMI FL 33166

4995 N.W. 72ND AVENUE  
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/22/1999

5. FEI Number 650925063

APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DE SOTO, LORRAINE	4995 NW 72ND AVE. #408	MIAMI FL 33166
VP	MAX De soto	4995 N.W. 72 Ave #408	MIAMI, FL. 33166

500000033355  
11/06/02--01104--005 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BREA, LORRAINE  
4991 S.W. 34TH TERRACE  
HOLLYWOOD FL 33312

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

*Lorraine M. Brea*  
REGISTERED AGENT MUST SIGN

Date

07/15/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lorraine M. Brea*

Date

Daytime Phone #

07/15/02 - 305-574-3213

CR2040 (801)

20f2

# DE SOTO INTERNATIONAL INC

4995 N.W. 72 AVE. SUITE #408, MIAMI, FL. 33166

TEL: (305) 594-3213 FAX: (305) 594-3214

TO: DEPT. OF STATE// REINSTATEMENT DEPT.

FROM: MAX DE SOTO

DATE: July 15, 2002

WE WOULD LIKE TO INFORM YOU THAT DUE TO THE LACK OF  
- SUIT #408, IN THE MAILING YOUR ADDRESS, WE ARE NOT  
RECEIVING MAILS IN A CONSTANT BASIS.

WE RECEIVED YOUR APPLICATION FOR REINSTATEMENT, BUT THE  
BUILDING MANAGER HAD IT, JUST GAVE IT TO US YESTERDAY. WE  
FOUND OUT THAT OUR CORPORATION IS CLOSED. WE WOULD LIKE  
TO REINSTATE OUR CORPORATION HOWEVER, BUT NOT PAYING  
THE LATE FEES, YOU HAD OUR ADDRESS PRINTED WRONG.

YOUR REP. TOLD US WE NEED TO SEND 150.00 FOR 2001, AND 150.00  
FOR 2002. PLEASE FIND THE CHECK ATTACHED.

PLEASE FIND COPY OF ALL THIS INFORMATION AS PROOF OF THE  
ADDRESS.

  
REGARDS.

MAX DE SOTO



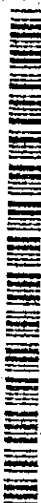
FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

P.O. Box 6327  
Tallahassee, Florida 32314

*W. J. Harris*



0040384 RV

\*\*AUTO \*\* TLE 0 0610 33166-564399  
P99000017042

TO:

DE SOTO INTERNATIONAL INC  
4995 N.W. 72ND AVENUE  
MIAMI, FL 33166-5643

*Seed & Valley*

*Please Add \$4.00*

FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
FLORIDA DIVISION OF CORPORATIONS  
8421