

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 18 PM 1:41

**CORPORATION**  
**REINSTATEMENT**

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

DOCUMENT # P99000032288

1. Corporation Name

SDLI, Inc.

2. Principal Office Address

4660 Palm Beach Blvd. - same -

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

1

Zip

33105

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/5/99

5. FEI Number

LS-0914006

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

Alba R. Torres

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

571 Neal Rd

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33105

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

Alba R. Torres

Date

9-17-01

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
President	Alba R. Torres	571 Neal Rd Miami FL 33105	
			SP

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

Date

Daytime Phone #

9-17-01

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To The Florida Dept of State

From: SDLT, Inc.

# P99000032288

Re: Filing Fees (99-2000)

Reinstatement of Exp.

Enclosed in this letter  
is the amount of \$300.00  
for filing fees for the year  
of 1999 to 2000.

The Reason why you haven't  
received payment on time  
was due to an address error.

I was only aware of the  
problem last week.

Mailing address was incorrect  
correct address is

4660 Palm Beach Blvd.

Ft. Myers, Florida 33905

(see copy attached)

Thank you.  
Jesse L. Perry