

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000034130**

1. Corporation Name

**DEUTSCH HOLDINGS, INC.**

Principal Place of Business

1717 N. BAYSHORE DRIVE  
#3936  
MIAMI FL 33132-1180

Mailing Address

1717 N. BAYSHORE DRIVE  
#3936  
MIAMI FL 33132-1180

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/1999

5. FEI Number

65-0913881

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
D	DEUTSCH, SCOTT H	1717 N. BAYSHORE DRIVE	MIAMI FL 33132

100025129771  
12/01/03--01083--023 \*\*150.00

8. Name and Address of Current Registered Agent

DEUTSCH, SCOTT H  
1717 N. BAYSHORE DRIVE  
#3936  
MIAMI FL 33132-1180

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/26/03

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:

SCOTT DEUTSCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/03

Date

(305)424-1222

Daytime Phone #

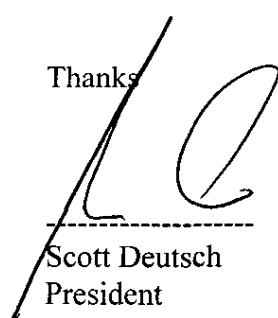
CR2E040 (7/03)

November 18<sup>th</sup>, 2003

To whom it may concern,

I did not receive the two prior uniform business report (UBR) notices.

Thanks



Scott Deutsch  
President