

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 26 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000040782

1. Corporation Name

TESSA CAPITAL, INC.

2. Principal Office Address  
240 Crandon Blvd.

3. Mailing Office Address  
240 Crandon Blvd.

Suite, Apt. #, etc.

Suite 264

City & State

Key Biscayne, FL

Zip

33149

Country

USA

Suite, Apt. #, etc.

Suite 264

City & State

Key Biscayne, FL

Zip

33149

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida 05/15/1999

5. FEI Number- 650924795

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

STEWART A. MERKIN, ESQ.

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

444 BRICKELL AVENUE

3000009205503

Suite, Apt. #, Etc.

SUITE 300

11/25/02 01063 033 \*\*750 00

City

MIAMI

State  
FL

Zip Code  
33131

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

11/20/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
MD	DINIZ, ULYSSES V.	240 Crandon Blvd., Ste. 264	Key Biscayne, FL 33149

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:

Managing Director

11/21/02 305-423-4345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #