

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 DEC 20 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000041894**

1. Corporation Name

DITEA UNLIMITED INC.

500009784085
01/02/03--01038--003 **900.00

2. Principal Office Address

222 S.W. N ROAD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

Zip

33129

Country

USA

Zip

Country

REINSTATEMENT

01-2002

4. Date Incorporated or Qualified
To Do Business in Florida

5/7/1999

5. FEI Number

650918269

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

TERESA SABATELA

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

1099 W 60 STREET

Suite, Apt. #, Etc.

City

HALEAH

State

FL

Zip Code

33012

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

Teresa Sabatela

Date

Dec 1, 2002

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
P	TERESA SABATELA	1099 W 60TH ST	MIAMI, FLA 33012

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:

Teresa Sabatela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec 1, 2002 / (605) 378-2647

Daytime Phone #