

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 10 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

S12509

1. Corporation Name

Treset Corporation

Principal Place of Business

Mailing Address

1111 Kane Concourse
Ste 506
Bay Harbor Fl 33154

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

1111 Kane Concourse

780 N.W. LeJeune Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 506

516

City & State

City & State

Bay Harbor Fl

MIAMI FL

Zip

Country

Zip

Country

33154

Dade

33126

MIAMI-DADE

REINSTATEMENT 1999

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/90

5. FEI Number

65-0262337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Co. 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Enrique Te Hamanti	1111 Kane Concourse Ste 506	Bay Harbor Fl 33156
VP	" Same "	" Same "	(same)
Sec	" Same "	" Same "	(same)
Treas	" (Same) "	" Same "	(same)
			500003103645--7 -01/20/00--01011--022 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Aurelio Piedra

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

780 NW LeJeune #516

Suite, Apt. #, Etc.

#516

City

Miami

State

FL

Zip Code

33126

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

X

REGISTERED AGENT MUST SIGN

Date 12/8/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

ENRIQUE TE HAMANTI

12/8/99 (305) 443-7122

Date

Daytime Phone #

CR2E061 (12/98)