

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

97 NOV -3 PM 2:24

*mtm*  
*11/4*

DOCUMENT # **S46990**

1. Corporation Name  
**DISCOMPACTO CORP.**

Principal Place of Business  
**5455 N.W. 72 AVE.  
 MIAMI FL 33166**

Mailing Address  
**5455 N.W. 72 AVE.  
 MIAMI FL 33166**



**REINSTATEMENT 97**

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

2. New Principal Office Address, if Applicable <b>1443 LANTANA DR.</b>		3. New Mailing Office Address, if Applicable <b>1443 LANTANA DR.</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>04/22/1991</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0256889</b>	
City & State <b>WESTON, FL.</b>		City & State <b>WESTON, FL.</b>		Applied For	
Zip <b>33326</b> Country		Zip <b>33326</b> Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DE PINA, JUAN GUILLERMO	<del>10022 N.W. 80TH AVE</del> <b>1443 LANTANA DR.</b>	<b>HIALEAH GRDNS FL WESTON, FL. 33326</b>
D	DE PINA, OLGA ESTHER	<del>10022 N.W. 80TH AVE</del> <b>1443 LANTANA DR.</b>	<b>HIALEAH GRDNS FL WESTON, FL. 33326</b>
PAID			<b>500002339025--0</b>
CHECK NO. _____			<b>-11/05/97--01080--005</b>
AMOUNT _____			<b>****750.00 ****750.00</b>
DATE _____			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DE PINA, JUAN G.  
 5455 N.W. 72 AVE.  
 MIAMI FL 33166**

Name **DE PINA, JUAN G.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1443 LANTANA DR.**  
 Suite, Apt. #, Etc.  
 City **WESTON** State **FL** Zip Code **33326**

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

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date

**10/30/97**

11. This corporation owes or has paid 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/30/97 (954)3492149**

CPRE040 (8/97)