

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 JUN 19 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S 69241**

1. Corporation Name

**DENIS IMPORT CORP.**

2. Principal Office Address

**1734 NW 20TH STREET**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33142**

Country

**MIAMI-Dade**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**07-29-91**

5. FEI Number

**65-1320698**

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

**RAMIRO MERLO**

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

**1734 NW 20TH STREET**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33142**

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

REGISTERED AGENT MUST SIGN

Date

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
PDT	RAMIRO MERLO	1734 NW 20TH ST	MIAMI FL 33142
VDS	CORALIA MERLO	10305 SW 3RD ST	MIAMI FL 33174

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 contained in Chapter 119, 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

Date

Daytime Phone #

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DENIS IMPORT CORP.  
1734 N W 20th. Street  
Miami, FL. 33142

June 8, 2006

Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Re.: Denis Import Corp.  
S 69241.

Gentlemen:

Enclosed find fully completed Corporation Reinstatement Form for the Corporation of the reference.

We are also attaching check for \$ 450.00 for fees for years

2004	150.00
2005	150.00
2006	150.00

I am respectfully requesting you waive the reinstatement fee of \$ 600.00, because the corporation address in 2004 was stated as 1736 N W 20th. Street, and for this reason I never received any correspondence from your office to this date.

Thanks very much for your attention to this matter.

  
Ramiro Merlo  
President