

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN -9 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000012361

1. Corporation Name

E Qui DoT, INC.

2. Principal Office Address

296 N University DR

Suite, Apt. #, etc.

Suite 5

City & State

Pembroke Pines FL

Zip

33024

Country

USA

3. Mailing Office Address

296 N University DR

Suite, Apt. #, etc.

Suite 5

City & State

Pembroke Pines FL

Zip

33024

Country

USA

REINSTATEMENT 03-06

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2001

5. FEI Number

65-1074991

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

Ruben ALVAREZ

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

8385 NW 157 Terrace

Suite, Apt. #, Etc.

na

City

miamilakes

State

FL

Zip Code

33016

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

[Signature]

Date 1/6/06

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
D	SARMIENTO PEREZ, Roberto DRC	2003 NW 178 WAY	Pembroke Pines FL 33029
D	ARMANDO CALZADILLA	7210 West 15 Ave Hialeah FL 33014	Hialeah FL 33014
D	ALBERTO CALZADILLA	7210 West 15 Ave Hialeah FL 33014	Hialeah FL 33014
D	Ruben ALVAREZ	8385 NW 157 Terrace miamilakes FL 33016	miamilakes FL 33016
D	CARLOS BERNAL	2003 NW 178 WAY	Pembroke Pines FL 33029

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)(l), 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

[Signature]

Date

1-6-06

Daytime Phone #

984-2740991