	F	PLEASE READ A	ALL INST	_	F	ILE	5 3					
CORP(REINST	ORATIO	A STATE OF THE STA	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				10 FEB 18 PM 12: 00 DEGRETARY OF STATE ALL AHASSEE, FLORIDS					
DOCUM 1. Corporation		# 467901			,41 HD#9	SEE, FLÓ	IRID*					
RADA	EXP	ORT CORPOR	ATION									
	** 4 4 days				02/	<i>∤</i> 001€ 18/100	39560 100301	0764 2 **600.	.00			
· '		s - No P.O. Box#	3. Mailing Of				ODOE004 (40 (00)					
Suita, Apt. #, etc		. 32 31.		1005 SW 87TH AVE.				URZ	2E081 (12/08)			
•				.,,				porated or Qualificiness in Florida				
City & State	- DT		City & State				5. FEI Number	-	12/16	/1974 Applied Fo		
MIAMI			MIAMI	[, F1				565538		Not Applied		
z⊪ 33178		USA USA	33174	4	Country	Α	6.	E OF STATUS DES!		Additional Fee re a Certificate of Sta		
	7	7. Name and Address of	Current Regist	tored Ager	nt							
Name PER	₹EZ.	LOUIS JR.						III The reinstatement fee is imposed, except in				
Street Address	(P.O. Box N	Number is Not Acceptable)				***				did not receive this box. vo		
113 Suite, Apt. #, Eb		W 52 ST.			are ce receive	the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement						
city MIA	MI			State Zip Code FL 33178			fee be	waived.				
8. I, being appo	ointed the n	registered agent of the above	/s named corpor	ration, am	familiar with :	and accept the ot	oligations of sects	an 607.0505 or 6	17.0503, F.S.		•	
Signature of Registered Agen	m	ceus Ocean	GISTERED AGE	ENT MUS	T SIGN	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Date FE	BRUARY	15, 20	10	
9. Names and	Street Add	reases of Each Officer and/	or Director (Flor	rida nonpre	ofit corporatio	ms must list at ler	ast 3 directora)					
Ymes		Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip			
P/D/S	PER	EZ, LOUIS J	JR.	1138	31 NW	52 ST.		MIAMI	, FL.	33178		
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	RF						INS	HIL	714x	1-11)		
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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 807 or 617, F.S. I further certify that when filling this reinstatement application, the reason for disactution 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 cath.

SIGNATURE:

dance	anen
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PRESIDENT

2/15/2010

305-592-4908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deta

Daytime Phone #

MIAMI, FEBRUARY 15, 2010

DEPARTMENT OF STATE TALLAHASSEE, FL. 32314

RE: CORPORATION REINSTATEMENT RADA EXPORT CORPORATION DOC. # 467901

GENTLEMEN:

FOR YOUR INFORMATION, I CALLED THE DEPARTMENT OF STATE AND PER AN OFFICER INSTRUCTIONS, I AM SENDING THE AMOUNT OF \$600.00 TO REINSTATE MY CORPORATION RADA EXPORT CORP.

THANK YOU IN ADVANCE FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY,

LOUIS PERES, JR.

PRESIDENT

RADA EXPORT CORPORATION