


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 OCT 29 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001360**

1. Corporation Name

EDYDASA, S.A.

2. Principal Office Address - No P.O. Box #

2900 SW 113

State, Apt. #, etc.

City & State

Miami FL

Zip

33165

Country

USA

3. Mailing Office Address

FIVE

State, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 09-10

CR2E01 (6/10)

4. Data Incorporated or Quoted To Do Business in Florida

5. FBI Number

521353848

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

LEONARDO R. SAN JUAN

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

2900 SW 113 AVE

State, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

300187182773
10/28/10--01016--010 *\$900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605 or 617.6603, F.S.

Signature of Registered Agent

Leonardo R. San Juan

REGISTERED AGENT MUST SIGN

Date

10-27-10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	LEONARDO R. SAN JUAN	2900 SW 113 AVE	Miami FL 33165
SD	DAMARIS V. BARRANTES	275 METROS AL SUR DE MAS X MENOS SAN JOSE, COSTA RICA	
TD	LUIS E. BARRANTES	275 METROS AL SUR DE MAS X MENOS SAN JOSE, COSTA RICA	

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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. I further certify the information indicated on this application is true and accurate, and my signature and name have the same legal effect as if made under oath.

SIGNATURE:

Leonardo R. San Juan

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

10-27-10

10/29
aw