

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 12 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K14131

1. Corporation Name
REDLOT, INC.

2. Principal Office Address
2601 S BAYSHORE DRIVE

Suite, Apt. #, etc.
SUITE 1600

City & State
MIAMI, FL

Zip
33133

Country
USA

3. Mailing Office Address
2601 S BAYSHORE DRIVE

Suite, Apt. #, etc.
SUITE 1600

City & State
MIAMI, FL

Zip
33133

Country
USA

400039695874
07/29/04--01046--005 **1058.75

4. Date Incorporated or Qualified
To Do Business in Florida 02/01/1988

5. FEI Number
65-0132413

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
ALFREDO L. GONZALEZ, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
2601 S BAYSHORE DRIVE

Suite, Apt. #, Etc.
SUITE 1600

City
MIAMI

State Zip Code
FL 33133

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

Date JUNE 4, 2004

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 |
|--------|--------------------------------------|---|--------------------|
| P/D | ROMAN ARREGUI DEL VALLE | c/o 2601 S Bayshore Dr. #1600 | Miami, FL 33133 |
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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 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

June 4, 2004

Date

305.582.3982

Daytime Phone #

CR2E081 (01/04)