

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

2006



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

OFFICE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L04000012397

1. Corporation Name

RAED ENTERPRISES, LLC

2. Principal Office Address

631 NW 45th Ave

Suite, Apt. #, etc.

City & State

Miami, FI

Zip
33126

Country

Miami-Dade

3. Mailing Office Address

631 NW 45th Ave

Suite, Apt. #, etc.

City & State

Miami, FI

Zip
33126

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-1003871

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Jorge L Banos

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

631 NW 45th Ave

Suite, Apt. #, Etc.

City

Miami, FI

State

FL

Zip Code

33126

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

04/11/2006

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
MGR	Rafael Lossada	631 NW 45th Ave	Miami, FI 33126
MGR	Maritza Maldonado	631 NW 45th Ave	Miami, FI 33126

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

RAFAEL LOSSADA

04/11/2006

Date

(786) 299 6813

Daytime Phone #