

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -8 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000022157

1. Corporation Name

RED WASH CORP.

REINSTATEMENT 01-03

300015475763
04/08/03--01072--011 **150.00

2. Principal Office Address

12216 SW 8 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

12216 SW 8 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33184

Country

USA

Zip

33184

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1007242

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

ORLANDO ARROM

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

10556 NW 26 Street Suite 203

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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 3/28/2003

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
PD	Resino, Ricardo	12432 SW 11 Terrace	Miami, FL 33184
VD	Coca, Sandra E.	12432 SW 11 Terrace	Miami, FL 33184

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)(i), 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:

RICARDO RESINO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-2003

Date

786-395-6286

Daytime Phone #

CR2E081 (10/02)

2/4/5