

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

13 DEC 16 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000104118
1. Corporation Name
RESANDA CORPORATION

2. Principal Office Address - No P.O. Box # 1751 SW 139TH AVE Suite, Apt. #, etc.		3. Mailing Office Address 1751 SW 139TH AVE Suite, Apt. #, etc.	
City & State DAVIE, FL		City & State DAVIE, FL	
Zip 33325	Country U.S.	Zip 33325	Country U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
11/07/2000

5. FEI Number 65-1056621	Applied For <input type="checkbox"/> Not Applicable
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6. CERTIFICATE OF STATUS DESIRED **\$8.75** Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
GIRALDO, OLGA

Street Address (P.O. Box Number is Not Acceptable)
1751 SW 139TH AVE

Suite, Apt. #, Etc.

City
DAVIE

State
FL

Zip Code
33325

200254738262
12/16/13--01002--003 **750.00

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 *Olga Giraldo* Date 12/10/13
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
DP	GIRALDO, OLGA	1751 SW 139TH AVE	DAVIE, FL 33325
			DEC 15 2013
			L. SELLERS
			REINSTATEMENT 2013

10. E-mail Address: INFO@TAXLEAF.COM
(To be used for future annual report notification)

11. 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., and 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 shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Olga Giraldo* Date 12/10/13 954-767-8734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Resanda Corporation
1751 SW 139th Ave
Davie, FL 33314
December 12, 2013

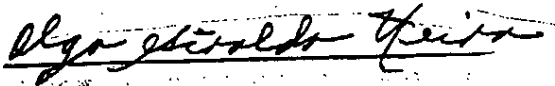
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: RESANDA CORPORATION (Document# P00000104118)

To whom it may concern:

The purpose of this letter is to request that Resanda Corporation (Document# P00000104118) be reinstated. We are planning to not revoke the dissolution and release P13000086713 the name. I have included a check in the amount of \$750 for the reinstatement of Resanda Corporation (Document# P00000104118). If you have any questions please contact me at 305-541-3980 or info@taxleaf.com. Thank you.

Sincerely,



Olga Giraldo
President