

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 16 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000104118

1. Corporation Name

Resanda Corporation

2. Principal Office Address

1751 S.W. 139 Avenue

3. Mailing Office Address

1751 S.W. 139 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, Florida

City & State

DAVIE Florida

Zip

33325

Country

USA

Zip

33325

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/2000

5. FEI Number

65-1056621

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 0203

7. Name and Address of Current Registered Agent

Name William H. Albornoz, Esquire

Street Address (P.O. Box Number is Not Acceptable) 901 Ponce De Leon Blvd.

Suite, Apt. #, Etc. Suite 603

City Coral Gables

State FL

Zip Code 33146

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 William H. Albornoz

REGISTERED AGENT MUST SIGN

Date 7/22/03

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
D P	Olga Giraldo	1751 S.W. 139 Avenue DAVIE FL 33325	DAVIE FL 33325

100023049611
09/15/03--01055--003 **900.00

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: X Olga Giraldo Giron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-03

Date

954-370-1859

Daytime Phone #

CR2E081 (10/02)