


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JAN -9 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000012361  
**1. Corporation Name**  
E Qui DoT, INC.

<b>2. Principal Office Address</b> 296 N University DR Suite, Apt. #, etc. Suite 5 City & State Pembroke Pines FL Zip 33024 Country USA		<b>3. Mailing Office Address</b> 296 N University DR Suite, Apt. #, etc. Suite 5 City & State Pembroke Pines FL Zip 33024 Country USA	
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**REINSTATEMENT** 03-06  
CR2E081 (8/05)  
**4. Date Incorporated or Qualified To Do Business in Florida** 02/01/2001  
**5. FEI Number** 65-1074991  
**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**  
Name Ruben ALVAREZ  
Street Address (P.O. Box Number is Not Acceptable) 8385 NW 157 Terrace  
Suite, Apt. #, Etc. n/a  
City Miami Lakes  
State FL Zip Code 33016

**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 [Signature]  
Date 1/6/06  
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
D	SARMIENTO Perez, Roberto ALC.	2003 NW 178 WAY	Pembroke Pines FL 33029
D	ARMANDO CALZADILLA	7210 West 15 Ave Hialeah FL 33014	Hialeah FL 33014
D	Albarto CALZADILLA	7210 West 15 Ave Hialeah FL 33014	Hialeah FL 33014
D	Ruben ALVAREZ	8385 NW 157 Terrace Miami Lakes FL 33016	Miami Lakes FL 33016
D	CARLOS BERNAL	2003 NW 178 WAY	Pembroke Pines FL 33029

**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:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1-6-06 Daytime Phone # 984-2740991