PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 18 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096007

1. Corporation Name
REDSIS CORP

2. Principal Office Address	3. Mailing Office Address
671 NANDINA DR.	671 NANDINA DR
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33327 Country: USA	Zip: 33327 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: OCT-1-2001

5. FEI Number: 65-1145205 ☐ 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: MARIO HABIB

Street Address (P.O. Box Number is Not Acceptable): 671 NANDINA DR

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Suite, Apt. #, Etc. —

City: WESTON | State: FL | Zip Code: 33527

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: Mario Mn. Date: 03/11/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
CEO	MARIO HABIB	671 NANDINA Dr.	WESTON / FL / 33327
VP	Zuleima Yidi HABIB	671 NANDINA Dr.	WESTON / FL / 33327
COO	ANTONIO HABIB	382 LAKEVIEW Dr. B-59-101	WESTON / FL / 33326

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: Mario Mn. - MARIO HABIB - 03-11-57 954-328-9433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JP 3/19

March 12, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Ref: Request for weaver of Reinstatement Fees

I like to request a weaver of the Late Reinstatement Fees, since I did not receive the letter requesting that for the year 2002. As advice by the person at your 850-245-6059, I am enclosing the amount of $300 dollars to cover the year fees of 2002 and 2003.

At the same time I am Enclosing the Corporation Reinstatement Form with all information requested.

Mario Habib
President

671 Nandina Dr. , Weston, Florida, 33327. Tel:954.385.1476 Fax: 954.385.1878
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